

Miss Shaw
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City and County of the City of Exeter.



ANNUAL REPORT

For 1935.

VITAL STATISTICS,
SANITARY WORK, ETC.,

BY

G. B. PAGE, M.D., D.P.H.,

Medical Officer of Health.

EXETER :

BEEDELL, RADDAN & SON, LTD., COOMBE STREET,

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I have the honour to present to the Right Worshipful
the Mayor, Aldermen, and Councillors of the City of Exeter
my Annual Report for the year 1935.

G. B. PAGE,

CITY AND COUNTY OF THE CITY OF EXETER.

Public Health Committee.

MAYOR—

J. W. ACKROYD, Esq.

CHAIRMAN—

Councillor J. S. S. STEELE-PERKINS.

DEPUTY CHAIRMAN—

Alderman R. M. CHALLICE.

Alderman J. R. NETHERCOTT	Councilor K. GATEY
Councillor W. T. BAKER	Councillor F. J. HANCOCK
Councillor W. W. BEER	Councillor W. HEALE
Councillor S. CHILCOTT	Councillor G. C. HEYWOOD
Councillor G. G. DAW	Councillor J. PASSMORE
Councillor H. GATER.	Councillor Mrs. E. W. REED

Town Clerk—C. J. NEWMAN, Esq.

Maternity and Infant Welfare Committee.

CHAIRMAN—

Councillor R. G. SAUNDERS.

DEPUTY CHAIRMAN—

Alderman F. H. TARR.

Councillor W. H. APLIN	<i>Non-Members of the Council :</i>
Councillor Mrs. F. G. BROWNE	
Councillor G. G. DAW	Lady DAVY
Councillor H. GATER	Mrs. DEPREE
Councillor F. J. HANCOCK	Mrs. MILLER
Councillor Miss E. SPLATT	Mrs. PICKARD
Councillor C. J. S. HILL	Mrs. SMITH
Coun. J. S. S. STEELE-PERKINS	

STAFF.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(a) Medical.

Medical Officer of Health, School Medical Officer, Chief Tuberculosis Officer, Medical Officer to the Mental Deficiency Committee, and Medical Superintendent of the Isolation Hospital and Honeylands Children's Sanatorium.

G. B. PAGE, M.D., D.P.H.

Deputy Medical Officer of Health and Clinical Tuberculosis Officer.

B. W. ANDERSON, M.A., M.D., D.P.H. (to 30.9.35).

A. DICK, M.B., Ch.B., D.P.H. (from 28.9.35).

Assistant Medical Officer of Health and Assistant School Medical Officer.

MISS J. SMITH, M.B., Ch.B., D.P.H.

Medical Officer, City Hospital.

JOSEPH A. W. PEREIRA GRAY, M.D., M.R.C.S.

Venereal Disease Medical Officer.

†P. D. WARBURTON, M.R.C.S., L.R.C.P., D.P.H.

Medical Officer, Ante-Natal Clinic.

†B. HINDE, M.R.C.S., L.R.C.P., M.B., B.S.

Medical Officer, Northern Infant Welfare Centre.

†H. TEMKIN, M.R.C.S., L.R.C.P., M.B., B.S.

Dental Surgeon.

†G. V. SMALLWOOD, L.D.S. Eng.

District Medical Officers under the Public Assistance Committee.

†No. 1, District W. J. WALTER, M.A., B.M., B.Ch., M.R.C.S.,
L.R.C.P.

†No. 2, District G. STEELE-PERKINS, B.A., M.R.C.S., L.R.C.P.

†No. 3, District J. R. BRADSHAW, M.A., M.B., B.Ch., B.A.O.

†No. 4, District J. C. HEAL, M.B., Ch.B., M.R.C.S., L.R.C.P.

Public Vaccinator.

†DR. S. J. P. GRAY, M.A., M.B., F.R.C.S.

(b) Others.*Chief Sanitary Inspector and Officer under the Food and Drugs Adulteration Act, etc.*

ARTHUR E. BONHAM.

Medaille d'Honneur en Vermeil, F.S.I.A., F.R.S.I.,
Cert. London Sanitary Inspectors' Exam. Board
Cert. Royal Sanitary Institute,
Cert. Royal Sanitary Institute, Meat and Foods, etc.

Inspectors.

R. B. PEARSE,	}	Cert. R. San. Inst. Meat and Foods.
A. E. TROUNSON,		
T. COATES,		
G. E. BORLACE (from 14.10.35).		
A. C. LEWIS (from 14.10.35).		
C. R. HARRIS (to 12.6.35)		Cert. R. San. Inst.

Veterinary Surgeon.

†W. ROACH, F.R.C.V.S.

Public Analyst.

†T. TICKLE, B.Sc.

Vaccination Officer.

E. S. HOWELLS.

Health Visitors.

MISS C. A. KNUCKEY,
C.M.B. and Cert. R. San. Inst. for Health Visitors.

MISS B. M. KNUCKEY,
C.M.B. and Cert. R. San. Inst. for Health Visitors.

MISS M. M. FOY,
General Training, C.M.B., Cert. R. San. Inst. for Health Visitors
issued by Ministry of Health.

MISS D. HICKSON,
General Training, C.M.B.

MISS D. ARCHER,
General Training, C.M.B., Cert. R. San. Inst. for Health Visitors
issued by Ministry of Health.

Tuberculosis Dispensary Nurse.

MISS L. KEEN.

Matron of Isolation Hospital.

MISS R. E. A. HUTTY, A.R.R.C.

Matron of Tuberculosis Children's Sanatorium.

MRS. A. SUTTERS.

Clerks.

E. S. HOWELLS (Chief Clerk).

H. TUCKER (Tuberculosis Clerk).

MISS G. ROOKE (Maternity and Child Welfare Clerk).

C. STUART.

R. W. STILES

W. J. POTTER.

R. SNELL.

† Denotes part-time Officers.

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ANNUAL REPORT, 1935

General Statistics.

1.	Area (acres)	4,702
2.	Population (as given by the Registrar-General)				68,300
3.	Number of Inhabited Houses (1931)	.....	.....			15,686
4.	Number of Inhabited Houses (end of 1935) according to Rate Books	.....	.....	.....		17,350 (estimated)
5.	Number of Families or Separate Occupiers (1931 Census)	.....	.....	.....	.....	17,025
6.	Rateable Value	.....	.....	.....	.....	£645,839
7.	Sum represented by a Penny Rate	.....	.....	.....	.....	£2,525

Vital Statistics.

		Total	M.	F.	<i>Birth Rate per 1,000 of the estimated resi- dent population 14.3</i>
Live Births	{ Legitimate	922	471	451	<i>Rate per 1,000 total (live and still) births 40.0</i>
	{ Illegitimate	60	33	27	
Still births		41	22	19	<i>Death Rate per 1000 of the estimated resi- dent population 10.3</i>
Deaths		815	414	401	

Deaths from puerperal causes (Headings 29 and 30 of the Registrar-General's Short List) :—

	Deaths.	<i>Rate per 1,000 total (live and still) births</i>
No. 29 Puerperal sepsis	—	—
No. 33 Other puerperal causes	1	.9
Total	1	.9

Death-rate of Infants under one year of age :—

All infants per 1,000 live births	.....	.....	33.6
Legitimate infants per 1,000 legitimate live births			32.5
Illegitimate infants per 1,000 illegitimate live births			50.0
Deaths from Measles (all ages)	.....	.....	Nil
„ „ Whooping Cough (all ages)	.....	.....	Nil
„ „ Diarrhoea (under 2 years of age)	.....	.....	2

BIRTH RATE.

The population for the Birth Rate is 68,300.

The total number of births registered in Exeter in the year 1935 was 1,099 divided as follows :—561 males and 538 females.

Of this number 49 male and 45 female births were certified as illegitimate, being 8.5 per cent. of the total births. To the 1,099 births must be added 17 male and 17 female (5 of whom were illegitimate) and deducted 74 male and 77 female (39 of whom were illegitimate) transferable births, giving a net number of 982 (504 males and 478 females).

The Birth Rate is the number of births per 1,000 of the population. The Birth Rate for 1935 was therefore, 14.3, being 0.75 below that of last year, 0.4 below that of England and Wales, and 0.5 below that of the 121 Great Towns in which Exeter is classed.

The following table gives the Birth Rate and percentage of illegitimate births to total births for the past 10 years :—

Year.	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
England and Wales	17.8	16.7	16.7	16.3	16.3	15.8	15.3	14.4	14.8	14.7
Exeter	16.49	15.5	15.4	15.7	15.2	14.2	14.3	13.9	15.05	14.3
Percentage of Illegitimate Births to total births	8.6	8.4	5.8	6.6	5.6	5.03	4.6	5.8	6.07	6.1

DEATH RATE.

The population for Death Rate is 68,300.

The total number of deaths registered as occurring during the year 1935 was 815, divided as follows :—414 males and 401 females.

The Death Rate is the number of deaths per 1,000 of the population. The crude Death Rate for 1935 was 11.9 and the corrected Death Rate 10.3.

CORRECTED DEATH RATE.

In order that the Death Rate of various places may be fairly compared, it is essential to correct the Death Rate for age and sex distribution. To correct a Death Rate for age and sex distribution, the Registrar General has published tables giving factors by which the Death Rate has to be multiplied. The factor for Exeter is .87, and the corrected Death Rate is, therefore, 10.3. Below is a table giving the corrected Death Rate for the past 10 years :—

Year.	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
England and Wales	11.6	12.3	11.7	13.4	11.4	12.3	12.0	12.3	11.8	11.7
Exeter	10.71	10.1	10.2	11.5	10.04	10.8	9.8	10.7	10.005	10.3

Following is an analysis of the deaths for the various ages together with the cause of death.

CAUSES OF DEATH.	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
18. Other circulatory diseases	M	22	—	—	—	—	—	—	—	—	5	9	8
	F	18	—	—	—	—	—	—	—	1	3	6	8
19. Bronchitis	M	12	2	—	—	—	—	—	—	1	1	1	7
	F	20	—	—	—	—	—	—	—	1	—	1	18
20. Pneumonia (all forms)	M	23	1	1	—	—	1	—	2	5	5	2	6
	F	22	—	1	3	—	2	1	2	1	4	4	4
21. Other respiratory diseases	M	7	—	—	1	—	1	—	—	1	—	2	2
	F	6	—	—	—	—	—	—	—	2	—	2	2
22. Peptic ulcer	M	5	—	—	—	—	—	—	—	2	1	1	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
23. Diarrhoea, etc.	M	3	—	1	—	—	—	—	—	—	—	1	1
	F	1	1	—	—	—	—	—	—	—	—	—	—
24. Appendicitis	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	2	—	—	—	—	—	—	—	2	—	—	—
25. Cirrhosis of liver	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
26. Other diseases of liver, etc.	M	2	—	—	—	—	—	—	—	1	1	—	—
	F	2	—	—	—	—	—	—	—	—	1	1	—
27. Other digestive diseases	M	7	—	—	1	—	—	—	—	2	4	—	—
	F	10	—	—	—	—	1	1	—	1	1	5	2
28. Acute and chronic nephritis	M	20	—	—	—	—	—	—	—	3	7	5	5
	F	12	—	—	—	—	—	—	1	2	1	2	6
29. Puerperal sepsis	F	—	—	—	—	—	—	—	—	—	—	—	—
30. Other puerperal Causes	F	1	—	—	—	—	—	—	—	1	—	—	—
31. Congenital debility, premature birth, malformation, etc.	M	15	15	—	—	—	—	—	—	—	—	—	—
	F	7	7	—	—	—	—	—	—	—	—	—	—
32. Senility	M	7	—	—	—	—	—	—	—	—	—	—	7
	F	11	—	—	—	—	—	—	—	—	—	—	11
33. Suicide	M	3	—	—	—	—	—	—	—	2	1	—	—
	F	5	—	—	—	—	1	1	—	2	—	1	—
34. Other violence	M	21	—	—	—	1	2	3	—	2	5	4	4
	F	13	—	—	2	—	1	—	1	—	1	3	5
35. Other defined diseases	M	43	5	—	—	1	1	1	3	3	10	10	9
	F	33	1	1	—	2	—	2	2	4	7	7	7
36. Causes ill-defined, or unknown	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	6	—	—	—	—	—	1	—	—	—	1	4

INFANTILE MORTALITY.

The Infantile Mortality Rate is the number of deaths under one year per 1,000 births. There were 33 deaths under one year, and this gives an Infantile Mortality Rate for the year 1935 of 33.6 (legitimate 32.5, illegitimate 50.0), as compared with 55.8 for the previous year.

The Infantile Mortality Rates for the year 1935 were as follows :—

England and Wales	.....	.....	.....	57
121 Great Towns, including London (census populations exceeding 50,000)	.....	.....	62	
140 Smaller Towns (census populations 25,000—50,000)	.....	.....	55	
London	.....	.....	58	
Exeter	.....	.....	33	

The following table shows the Infantile Mortality Rate in Exeter for the past ten years.

Year.	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
England and Wales	70	69	65	74	60	66	65	64	59	57
Exeter	68.5	60.0	69.04	53.2	49.7	56.7	53.6	47.8	55.8	33.6

DEATHS UNDER ONE YEAR.

Cause.	Under 1 month	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months.	Total.
Tuberculosis	—	—	—	—	1	1
Diarrhoea	—	—	—	—	1	1
Bronchitis	1	1	—	—	—	2
Pneumonia	—	1	—	—	—	1
Congenital Debility Malformation, Pre- mature Birth	21	1	—	—	—	22
Convulsions	3	—	1	1	—	5
Other defined Diseases	—	—	—	—	1	1
Total	25	3	1	1	3	33

Excluding those who died during the first month, the deaths of whom were almost entirely due to prematurity, or accidents at birth, of the remaining 8 none occurred amongst breast fed babies, and it is noteworthy that of the total of 33 deaths only 2 occurred in infants who regularly attended the Infant Welfare Centres.

MATERNAL MORTALITY.

During the past year there has been only one death under this heading in the City. This was investigated in the usual way and a report submitted to the Ministry.

While this is a matter for satisfaction, it is necessary to point out that figures may fluctuate a good deal in a comparatively small community. It will also be recollected that the rate is the number of deaths classed to pregnancy and child bearing per 1,000 births, live and still. The rate of a given area is therefore governed by the number of births.

The following composite table is reproduced as it gives more valuable information than figures for a single year.

Year.	Mat- ernal Deaths.	Mortality Rate.	Neo-natal Deaths.	Infantile Mortality Deaths.	Infantile Mortality Rate.
1925	5	4.8	31	73	74.1
1926	3	2.8	28	69	68.5
1927	5	5.1	28	57	60.0
1928	4	3.9	23	66	69.04
1929	3	3.07	25	52	53.2
1930	5	4.2	21	47	49.7
1931	0	0	30	53	56.7
1932	3	3.02	35	51	53.6
1933	3	3.07	23	45	47.8
1934	3	2.8	27	57	55.8
1935	1	0.9	25	33	33.6

The neo-natal deaths are the deaths of infants during the first twenty-eight days of life. Hitherto little impression has been made on this part of the problem, but it is reasonable to expect more efficient ante-natal care of mothers to effect some reduction.

The infantile mortality rate is by far the lowest recorded in Exeter.

Further information will be found under the Section devoted to the Maternity and Child Welfare Services.

HOSPITALS.

Name.	Situation.	Purpose.	Beds available.	Proportion used by residents outside area.	Management.
Tuberculosis Wards, Isolation Hospital	Whipton	Pulmonary cases	19 male and 12 female	—	See Isolation Hospital
Honeylands Tuberculosis Children's Sanatorium	Whipton	Tuberculosis in Children (School)	10 male and 10 female	—	Public Health Cte. Staff— Medical-M.O.H. Nursing-Matron, 2 Nurses
Isolation Hospital	Whipton	Infectious Disease cases	78 beds and 10 cots for fevers and 31 beds for Tuberculosis (see page 67)	By agreement with 24 Local Authorities and other Bodies in the County of Devon, their cases are admitted to the Isolation Hospital, which is capable of expansion in times of necessity.	Public Health Committee. Staff— Medical : M.O.H. Nursing : Matron 1 Sister 2 Staff Nurses 2 Ast. Nurses 8 Probationers
Municipal Maternity Home, City Hospital	Heavitree Road	Maternity cases	6	—	Maternity and Child Welfare Committee Staff— See City Hospital.
Royal Devon and Exeter Hospital	Southernhay	General	Total beds 250 Children's beds 37	City cases 1,849 From outside areas 2,018	Voluntary

HOSPITALS—Continued.

Name.	Situation.	Purpose.	Beds available.	Proportion used by residents outside area.	Management.
West of England Eye Infirmary	Magdalen Street	Eye cases	55 including 17 for children	City cases 71 From outside areas 220	Voluntary
City Hospital	Heavitree Road	General—largely senility	102	—	Public Assistance Committee. Staff— Medical : 1 (non-resident) Nursing : Matron 15 Nurses 8 Nurse Attns.
The Princess Elizabeth Devonian Orthopaedic Hospital	Buckerell Bore	Orthopaedic cases	66, including 54 for children	City cases 13.6% From outside areas. 86.4%	Voluntary
Gladstone Nursing	Gladstone Road	Medical and surgical	20	—	Public Assistance Committee. Staff— Medical : Own Doctor Nursing (see City Hospital)

NUMBER OF BEDS AVAILABLE FOR :—

	Male.	Female.	Institution.
General Medical	54		Royal Devon & Exeter Hosptl.
General Surgical	133		do. do.
Children	10	| 10	Honeylands Children's Sanatorium
	37		Royal Devon & Exeter Hosptl.
	12		City Hospital
Maternity .....	|	5	Royal Devon & Exeter Hosptl.
	|	6	Municipal Maternity Home
Venereal Diseases	6		Royal Devon & Exeter Hosptl. jointly with Devon C.C.
	|	6	St. Mary's Home
Tuberculosis	19	| 12	Tuberculosis Wards, Exeter Isolation Hospital
Chronic Sick	24		Ernsborough Home—House for Incurables
Mental	384		Exeter Mental Hospital
Mental Deficiency	12		City Hospital, also varying number of beds at Royal Western Counties Institution Starcross
Orthopaedic	—		As required at Orthopaedic Hospital (deformities and surgical tuberculous children)
Ear, Nose and Throat	15		Royal Devon & Exeter Hosptl.
Puerperal Fever and Pyrexia	—		As required at Royal Devon & Exeter Hospital
Ophthalmia Neonatorum	—		Treated by arrangement at Eye Infirmary.

INSTITUTIONAL PROVISION FOR UNMARRIED
MOTHERS, ILLEGITIMATE INFANTS AND
HOMELESS CHILDREN.

Name.	Address.	Accommodation.
St. Olave's Maternity Home	32, Bartholomew Street, East	17 Beds for unmarried mothers
St. Mary's Home	25, Mary Arches St.	6 Beds for female V.D.
St. Elizabeth's Home (Home of Refuge).....	Melbourne House, Holloway Street	6 Beds for girls in temporary difficulties or from Police Court
Dr. Barnardo's Home for Girls	Feltrim, Topsham Road	55 Beds
St. Lawrence's Home for Waifs and Strays	Polsloe Road	30 Beds

AMBULANCE FACILITIES.

(a) For infectious diseases :—

Two motor ambulances.

One horse discharging cab.

One horse ambulance in reserve provided by the Council.

(b) For non-infectious cases and accidents :—

The motor ambulances provided by St. John's Ambulance Association. The Council contributes £300 per annum.

CLINICS AND TREATMENT CENTRES.

Name.	Address.	When Held.	Arrangements for Medical Supervision.	Whether provided by the Council or not.
Central Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Weekly on Tuesdays at 2.30	Dr. J. Smith, Asst. M.O.H.	Yes.
Western Infant Welfare Centre	Exe Island Mission Hall	Weekly on Fridays at 2.30	Dr. J. Smith Asst. M.O.H.	Yes.
Eastern Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Weekly on Wednesdays at 2.30	Dr. G. B. Page M.O.H.	Yes.
Northern Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Weekly on Thursdays at 2.30	Dr. H. Temkin	Yes.
Impetigo School Clinic	1a, West Southernhay	Daily at 4.30	S.M.O.	Yes.
Ringworm School Clinic	Do.	Do.	Do.	Yes.
Scabies School Clinic	Baths & Wash-houses, King St.	When required	Do.	Yes.
Diseases of Ears and Eyes School Clinic	1a, West Southernhay	Daily at 9.30 a.m.	Do.	Yes.
Treatment Centre for Tonsils & Adenoids Operations	City Hospital	When required	Private Practitioner	By agreement with the Public Assistance Committee
Treatment Centre for Errors of Refraction (including Squint) and other defects or disease of the eyes, not treated at Daily Clinic, 5W.Southernhay	Eye Infirmary Magdalen St.	Mondays and Tuesdays at 10 a.m.	Eye Infirmary Staff	By agreement with the Eye Infirmary Committee
Tuberculosis Dispensary	1 West Southernhay	Daily from 9 to 5.30 (except Sats. 9 to 12.30)	Dr. A. Dick, Clinical T.O.	Yes.
Venereal Disease Clinic	Royal Devon and Exeter Hospital	MEN. Mondays, 3 to 5 Fridays, 6 to 8 WOMEN. Fridays, 3 to 5	Dr. P. D. Warburton	Yes, jointly with the Devon County Council
Cleansing Station	Baths & Wash-houses, King. St	When required	M.O.H.	Yes.
Orthopaedic Clinic	Southernhay Congregational Rooms, Castle Street	Twice a month	Orthopaedic Surgeon	In conjunction with Devon County Council
Ante-Natal Clinic	Alice Vlieland Infant Welfare Centre	Weekly on Mondays at 2.30 p.m.	Dr. B. Hinde	Yes.

NOTE.—A new building was opened on 18.10.35 at No. 1a, Southernhay West for the School Medical and Dental Service. It is described in the School Medical Officer's Report.

PUBLIC ASSISTANCE MEDICAL SERVICES.

The City is divided into four districts which correspond with the areas used for Child Welfare and other Health Work. As from 1st January until the end of the year the following medical practitioners were District Medical Officers on a part time basis.

No. 1 District (Northern) Dr. W. J. Walter.

No. 2 District (Central) Dr. G. Steele-Perkins.

No. 3 District (Eastern) Dr. J. R. Bradshaw.

No. 4 District (Western) Dr. J. C. Heal.

The district medical officers were informed on appointment of all the services which the Public Health Department had to offer and of ways in which closer co-operation might be brought about.

Domiciliary nursing services are provided free for all poor persons by arrangement with the District Nursing Association.

The Town Clerk is now Public Assistance Officer and the Medical Officer of Health has acted as Medical Adviser to the Public Assistance Committee for some years.

The degree of co-ordination between the two departments has been considerably facilitated by arrangements made in the past twelve months.

I am indebted to the Public Assistance Officer for the following figures :—

Number of persons in receipt for out relief :—

Men	.....	.....	.....	.....	.....	166
Women	.....	.....	.....	.....	.....	321
Children	.....	.....	.....	.....	.....	322
Total						809

Inmates of the City Hospital :—

Number in Hospital, 1.1.35	.....	.....	.....	245
Number of admissions during the year	.....	.....	.....	501
Number in Hospital, 31.12.35	.....	.....	.....	249

Children's Home :—

Number in Home, 1.1.35	.....	.....	.....	60
Number of admissions during the year	.....	.....	.....	65
Number in Home, 31.12.35	.....	.....	.....	51

BLIND PERSONS ACT, 1920.

Number on Register, 1st January, 1935	.....	.....	215
Since added	.....	.....	24
Died, transferred, removed, etc.	.....	.....	11
Number on Register, 31st December, 1935	.....	.....	228

The age and sex of those certified during the year was as follows :—

<i>Age.</i>	<i>Male.</i>	<i>Female.</i>
0—1	It was ascertained by reference to voluntary bodies, etc., that no persons within these age periods had come under notice during the year.	
1—		
2—		
5—		
15—		
25—		
35—	..... 2	1
45—	..... 1	2
55—	..... 0	3
65—	..... 6	2
75 and upwards	..... 1	5
	—	—
	10	13
	==	==

In addition two cases were re-examined and the certificates confirmed, and five cases examined and placed under observation.

PROFESSIONAL NURSING IN THE HOME.

(a) GENERAL.

The Exeter and District Nursing Association provides Nurses who visit patients daily for nursing, dressings, etc. for which payment is required according to the means of the patient.

Trained Nurses from the Royal Devon and Exeter Hospital and private institutions.

(b) FOR INFECTIOUS DISEASES.

The Royal Devon and Exeter Hospital provides Nurses for fever cases, as also do the private Institutions.

The Local Authority makes a grant of £150 per annum to the Exeter District Nursing Association to cover nursing services on behalf of the Public Health and Public Assistance Departments. The Association's nurses undertake the nursing of measles, whooping cough, and pneumonia in addition to their general work,

MIDWIVES.

40 midwives notified their intention of practising in the City, 11 of whom were working in institutions or nursing homes. All were State Certified Midwives by examination, there being no midwives practising in the City by virtue of being in practice before the Act.

The new Rules (Section E) of the Central Midwives Board were distributed to all on the register. No disciplinary cases were reported to the Board.

LABORATORY WORK.

With the approval of the Ministry all pathological and bacteriological work is now carried out at the Laboratory of the Royal Devon and Exeter Hospital under the direction of Dr. W. A. Robb, with the exception of those examinations which are made at the Tuberculosis Dispensary.

In the City the usual routine examinations are carried out free, but swabs from diphtheria contacts are only undertaken without charge if the Medical Officer of Health has been first consulted. Other Local Authorities are charged the actual cost of examinations done on behalf of their patients whilst in the Exeter Isolation Hospital.

Examinations made :—

For diphtheria :—

(a) Primary investigations, including contacts	.....
Positive	.....	97
Negative	.....	494
	Total	591
<hr/>		
(b) Others—		
Positive	.....	31
Negative	.....	421
	Total	452
		<hr/>

For enteric fever :—	.....	.....	.....	.....
Widal—	.....			
Positive	.....	.....	.....	.....	—
Negative	.....	.....	.....	.....	6
			Total	.....	6
Blood culture—					—
Positive	.....	.....	.....	.....	—
Negative	.....	.....	.....	.....	1
			Total	.....	1
Faeces culture—					
Positive	.....	.....	.....	.....	2
Negative	.....	.....	.....	.....	7
			Total	.....	9
Urine culture—					
Positive	.....	.....	.....	.....	—
Negative	.....	.....	.....	.....	11
			Total	.....	11
For V.D. Department—					
For detection of spirochetes	.....	.....	.....	.....	4
For detection of gonococci	.....	.....	.....	.....	122
For Wassermann re-action	.....	.....	.....	.....	270
Others	.....	.....	.....	.....	—
For tuberculosis (excluding examinations made at Tuberculosis Dispensary, q.v.) :—					
Sputum—					
Positive	.....	.....	.....	.....	—
Negative	.....	.....	.....	.....	7
			Total	.....	7
Miscellaneous examinations	.....	.....	.....	.....
Cerebro-spinal fluid :—	.....	.....	.....	.....	2

LOCAL ACTS, ORDERS, ETC.

Adopted—

Infectious Diseases (Prevention) Act, 1890.

P.H.A. (Amend) Act, 1890.

Museum and Gymnasium Act, 1891.

Cleansing of Persons Act, 1897.

Public Library Acts.

Baths and Washhouses Acts.

P.H.A. (Amend) Act, 1907 (all adopted 1909).

P.H.A. 1925, Part II. (except sections 20 and 34), and Parts III, IV and V.

Exeter Corporation Act, 1928.

The Exeter Corporation Act, 1935, received the Royal Assent on 2nd August. It contains, *inter alia*, powers concerning the following matters :—

PART VI.

STREETS, BUILDINGS, SEWERS AND DRAINS.

Section.

- 58. Extension of power to make building bye-laws.
- 59. Food storage accommodation.
- 61. Prohibition of tents, vans, etc.
- 62. Provisions as to tents, vans, etc.
- 67. Certain matters from hotels, shops, garages, etc., not to be discharged into sewers.
- 69. Penalty for throwing rubbish into streams, etc.

PART VII.

INFECTIOUS DISEASE AND SANITARY

- 72. Prohibition as to infected persons carrying on business.
- 73. Registration of ice-cream and preserved meat manufacturers and premises.
- 74. For regulating manufacture and sale of ice-cream, etc., and preserved meat.
- 75. Hawking of meat.
- 76. Bye-laws as to inspection of meat.
- 77. Extension of Section 72 of Public Health Act, 1925.
- 78. Removal of infirm and diseased persons in certain cases.
- 79. Prohibiting sorting contents of dustbins and refuse tips.

PART VIII.

COMMON LODGING HOUSES.

Section

80. As to periods of letting as affecting common lodging houses.
81. Power to refuse registration.
82. Bye-laws relating to common lodging-houses.
83. Further provisions as to registration of common lodging houses.

PART X.

POLICE.

92. Dogs fouling footpaths.
94. Ejection of steam and waste gas to annoyance of public.
95. Silencers for internal combustion engines.
96. Noise nuisance.

BYE-LAWS AND REGULATIONS.

Houses let in Lodgings, 1924.

Public Abattoir, 1933.

Private Slaughterhouses, 1933.

Removal of Snow and keeping of Animals, 1892.

Common Lodging Houses, 1902.

Prohibiting the Admission into the Cattle Market of Animals unfit for Food, 1911.

Building Bye-Laws, 1926.

Offensive Trades, 1926.

Nursing Homes, 1929.....

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The City water supply is derived from the Exe and distributed by being pumped to service reservoirs after filtration and chlorination. Periodical bacteriological and chemical analyses have shown a high degree of purity. and the supply has been amply maintained.

Certain extensions approved by the Ministry of Health are now being undertaken.

The consumption of water per head per day for all purposes is high, being in the neighbourhood of 40 gallons. This suggests waste. Although there is plenty of water at the source, it should

be remembered that every drop of purified water has to be raised by pumping before distribution. Purification and pumping cost money, besides requiring constant care and vigilance.

SWIMMING BATH.

Examination of the water at the Corporation Swimming Bath has shown that a good standard of purity is maintained.

The construction of a new bath is under consideration.

DRAINAGE AND SEWERAGE.

With the exception of one or two small groups of houses, the whole of the City sewerage passes to the New Works at Countess Weir and is purified by the activated sludge process.

During hot dry weather it is possible that nuisance may arise from the concentrated and septic raw sewage as it reaches the works. Steps have been taken to obviate this. Recent visits have failed to discover any offensive effluvia from the works.

HOUSE REFUSE.

The scavenging and cleansing of the City is under the City Surveyor. Disposal is by the method of controlled tipping. No nuisance has arisen in connection with this work.

During the year particular attention has been paid to the provision of sanitary dustbins by householders. In order that no hardship should fall on the poorer members of the community, these have been supplied in many cases by the Stores Committee on repayment by instalments.

SANITARY INSPECTION of the AREA.

STATEMENT OF CHIEF SANITARY INSPECTOR.

HOUSES AND PREMISES.

Number Inspected upon Complaint	1023
Number of Defective Yards paved	30
Number of Defective Eaves and Gutters Rectified	34
Number of Walls, Floors and Ceilings Repaired	68
Number of Roofs Repaired	19
Number of Rooms Cleansed and Limewashed	39
Number of Water Pipes Repaired	3
Number of Grates, Ranges repaired	6

BATHS, LAVATORIES AND SINKS.

Number of Glazed Sanitary Sinks Provided	.....	21
Number of Waste Pipes Trapped	45

WORK IN PROGRESS.

Number of visits made thereto	2992
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OVERCROWDING.

Number of Cases abated	48
------------------------	-------	----

DRAINS.

Number of Smoke Tests Made	108
Number of Water Tests made	.....	184
Number Laid or Re-Laid or Repaired	.....	99
Number Cleansed, Trapped and Ventilated	.....	154
Number of Defective Bell and D Traps replaced by Stoneware Gullies	.....	8
Number of Rainwater Pipes Disconnected	.....	8

COURTS AND PASSAGES.

Number of Visits made thereto	.....	240
Number Repaved	.....	1
Number Limewashed	.....	1

WATER CLOSETS.

Number of Additional W.C.'s Provided or Reconstructed	.....	10
Number Repaired, Ventilated, etc.	.....	78
Number of Soil Pipes Repaired, Ventilated or Re-constructed	.....	27
Number of Flushing Apparatus Improved	.....	40
Number Limewashed	.....	17

DUST RECEPTACLES (PORTABLE).

Number of Visits	.....	629
Number of New Dust Receptacles Provided	.....	2417

SLAUGHTER HOUSES.

Number of Visits to Public Abattoir	.....	691
Number of Visits to Private Slaughterhouses	.....	284
Number of Contraventions Found and Remedied	.....	17

BAKEHOUSES.

Number Inspected	.....	125
Number of Contraventions Found and Remedied	25

OUTWORKERS.

Number of Premises	70
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DAIRIES, COWSHEDS AND MILKSHOPS.

Number of Inspections made	315
Number of Contraventions of Acts, Orders and Bye-laws dealt with	29

OFFENSIVE TRADES.

Number of Inspections made	.....	177
Number of Contraventions Found and Remedied	.....	8

FOOD.

Number of Preparation and Storage Premises Visited	.....	56
Number of Defects Discovered and Remedied	.....	29

ANIMALS KEPT SO AS TO BE A NUISANCE.

Number of Cases Abated	6
------------------------	-------	---

ACCUMULATION OF OFFENSIVE REFUSE.

Number of Removals	.....	46
Number of Dung-Pits Provided or Re-modelled	.....	1

MEETINGS OF OWNERS.

Number of Interviews and Appointments Kept	173
--	-------	-----

MENTAL DEFECTIVES.

Enquiries and Visits Made to Male Defectives	149
--	-------	-----

RATS AND PESTS.

Enquiries and Visits	153
----------------------	-------	-----

MERCHANDISE MARKS ACTS.

Inspections are Made during Visits to Food Shops and Stores	
---	-------	--

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—Inspection of Factories, Workshops and Workplaces, including Inspection made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (Including Factory Laundries)	75	4	—
Workshops (Including Workshop Laundries)	119	2	—
Workplaces (Other than Outworkers' premises)	—	—	—
Total	194	6	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Rem. edied. (3)	Referred to H.M. inspector (4)	
Nuisances under the Public Health Acts—*				
Want of cleanliness	13	13	—	—
Want of ventilation	2	2	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	1	1	—	—
Sanitary accommodation—				
Insufficient	8	8	—	—
Unsuitable or defective.....	3	3	—	—
Not separate for sexes	—	—	—	—
Offences under the Factory and Workshop Acts—				
Illegal occupation of underground bakehouse (s.101)				
Other offences				
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)				
Abstracts not fixed				
Total	27	27	—	—

* Including those specified in sections 2, 3 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

OUTWORK IN UNWHOLESOME PREMISES

SECTION 108.

NATURE OF WORK.	Instan- ces.	Notices served.	Prose- cutions.
(1)	(2)	(3)	(4)
Wearing Apparel—			
Making, &c.			
Cleaning and washing			
Household linen			
Lace, lace curtains and nets			
Curtains and furniture hangings			
Furniture and Upholstery			
Electro-plate			
File making			
Brass and brass articles.....			
Fur pulling			
Cables and chains			
Anchors and grapnels			
Cart gear			
Locks, latches and keys			
Umbrellas etc.			
Artificial flowers			
Nets, other than wire nets			
Tents			
Sacks			
Racquet and tennis Balls			
Paper, etc., boxes, paper bags			
Brush making			
Pea picking			
Feather sorting			
Carding, &c., of buttons, &c.			
Stuffed toys			
Basket making			
Chocolates and sweet meats			
Cosaques, Christmas Crackers, Christmas stockings, etc.			
Textile weaving			
Leather bag making			
Total.....	Nil	Nil	Nil

SMOKE ABATEMENT.

Complaints of nuisance from smoke during the year were limited to the vicinity of certain brickworks. Several observations were taken, and the main offender was found to be a short chimney stack of a side-fired kiln.

The full facts were reported to the Public Health Committee and directions were given for the service of Statutory Notice requiring the abatement of the nuisance. The Notice was duly served, after which no further complaints were received. It is probable that the real trouble was due to the use of fuel of very poor quality.

Mention was made last year of the fact that three side-fired kilns were connected by an underground flue to a tall boiler chimney. This experiment seems to have answered well, as no complaints have been made of the smoke emissions from the tall stack, but the foreman of the works has stated that the work turned out by these kilns is not as satisfactory as from the other kilns, which have their single short stacks.

HOUSES LET IN LODGINGS.

At the end of the year, the number of Houses Let in Lodgings was 52. All of these were inspected at the proper periods, when it was found that the Bye-laws as to cleansing, etc., and the abatement of nuisances, had been properly complied with.

OFFENSIVE TRADES.

There is no change in the number of offensive trades upon the register other than of the fish-friers.

These Trades comprise :—

Tanner	1
Fat boiler, soap-maker, cattle feeding stuffs, and artificial manure works	1
Bone and fat boiler	1
Gut scraper	1
Fish friers	40

The fish-frying premises are very well conducted, and no complaint of any kind was received in respect of same. Upon inspection, they were found to be well run and generally satisfactory.

During the months of June, July and August, complaints of offensive odours emanating from the fat boiling works were of almost daily occurrence. Records were kept of the dates and times upon which the smells were noticed by the Inspectors. It appears to be impossible to conduct these trades without nuisance during the hot months, because of the very decomposed condition in which much of the material (which is collected from a very large district) is received.

SCHOOLS.

A complete sanitary survey of the Council Schools has been made and is published as an Appendix to the School Medical Officer's report for 1934.

HOUSING AND SLUM CLEARANCE.

Public Health as we know it to-day had its beginnings barely a hundred years ago. Before that time there were, of course, more or less successful efforts to deal with some of the many problems created by the congregation of mankind in towns and cities, but such efforts were not continuous and lacked the backing of scientific knowledge and government administration. Too often they were sporadic measures taken to check an existing evil and not preventive in outlook. Certainly many tribal and religious customs from the dawn of history have had some preventive purpose, but their significance became obscured by the passage of time, by ignorance, superstition, lack of accurate observations and records.

Conditions prevalent towards the end of the eighteenth century, particularly the industrial revolution, the increase of the population and its urbanisation, made action on a national scale imperative. Gradually the organization we know to-day grew up. It is noteworthy that the first and hitherto the most successful health reforms were environmental rather than personal in character. They benefitted the community as a whole, rather than a few at the expense of the remainder.

To-day we are able to realise some of the benefits foreseen by the founders of modern public health administration, and we do well to remember that environmental hygiene is still the foundation of the whole structure. At the present time there is a tendency to take the fundamentals for granted and to confuse

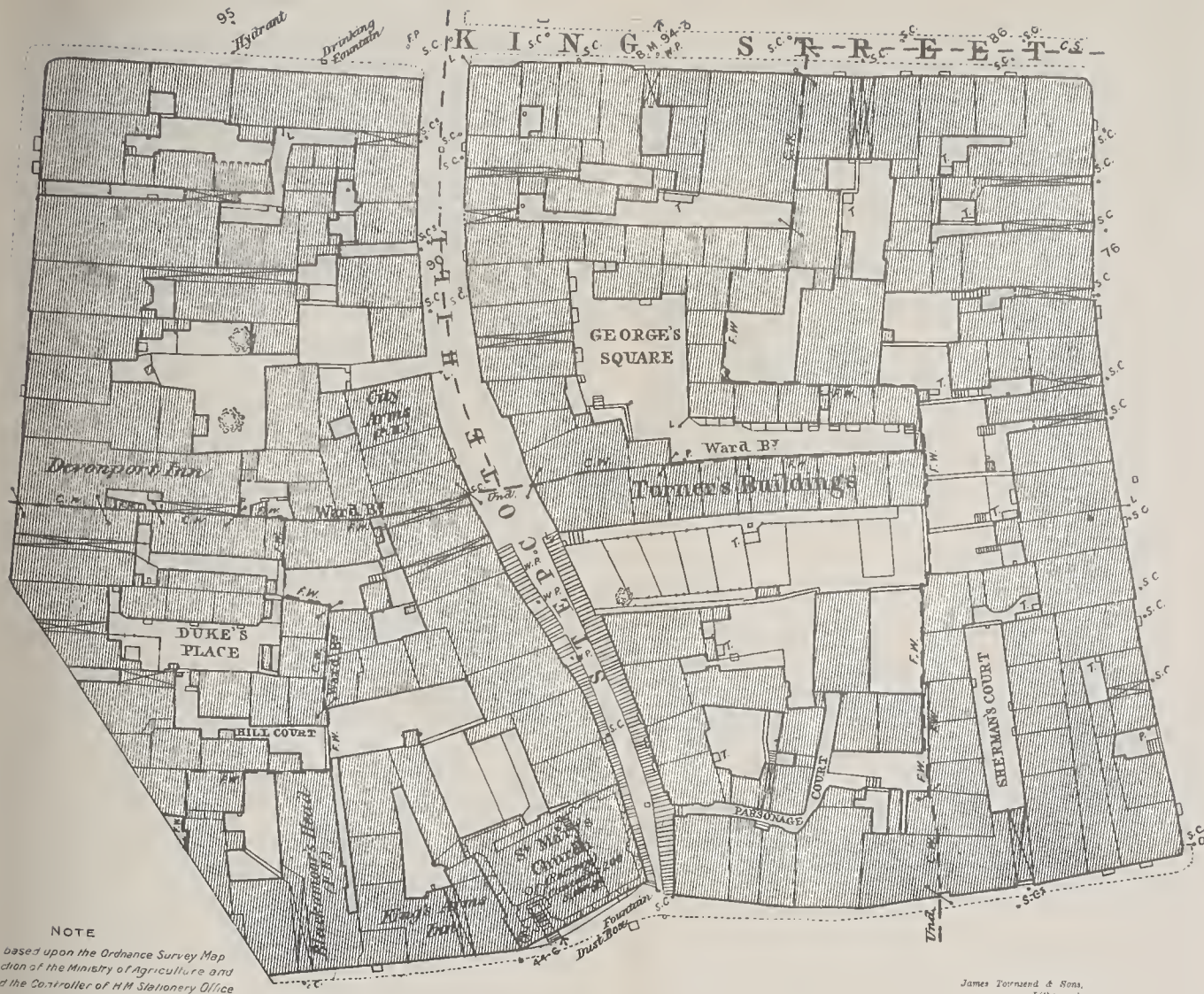
public health with public doctoring. No amount of the latter, no matter how extravagantly organised, can take the place of soundly conceived and well executed preventive measures. The environmental requirements of mankind have been essentially the same since the world began ; our problem is to supply those requirements under altered conditions.

The achievements of preventive medicine must always be of a somewhat negative kind. Only by looking back over a considerable period can we estimate the benefits conferred. It has not the same appeal to the man in the streets as curative medicine. Even the most ephemeral fashions of therapeutic practice make more impression on the crowd than the solid successes of preventive medicine. Considerations of environmental hygiene have to give place to the stunt of the moment.

Because political wisdom sometimes inclines to swim with the tide of popular imagination, modern health legislation and practice have tended to increase the confusion between public health and public doctoring. One immediate result of this is that the comparatively small band of medical practitioners specially trained and interested in preventive medicine finds its time occupied by excursions into clinical medicine for which it is indifferently equipped. The modern medical officer of health has to find time for all sorts of miscellaneous duties that have little or no real place in his proper work. At the same time there is rapidly growing up a generation of assistant medical officers whose knowledge of certain bye-paths of medicine may be admirable and extensive, but who have little or no knowledge of practical hygiene and the work they may one day be called upon to do.

The provision of suitable homes for all is among the basic problems of public health work. The home is where most people spend the greater part of their lives and especially their childhood. The clearing away of unhealthy homes, the provision of good homes and encouragement to make full and proper use of these homes, are matters which deserve all the attention we can give. For these reasons recent Housing Acts, even if imperfect in some respects, are welcome. They constitute an acknowledgment by Parliament that attention to environment is a fundamental principle of enlightened preventive medicine and social hygiene.

What follows is contributed by Mr. A. E. Bonham, Chief Sanitary Inspector.



NOTE

This Plan is based upon the Ordnance Survey Map with the sanction of the Ministry of Agriculture and Fisheries and the Controller of H.M. Stationery Office

James Townsend & Sons,
Lithographers,
Exeter.

MAP I.

Section A of No. 4 Clearance Area.
Shewing congested condition of dwelling-houses before clearance, when there were 64 houses to the acre.

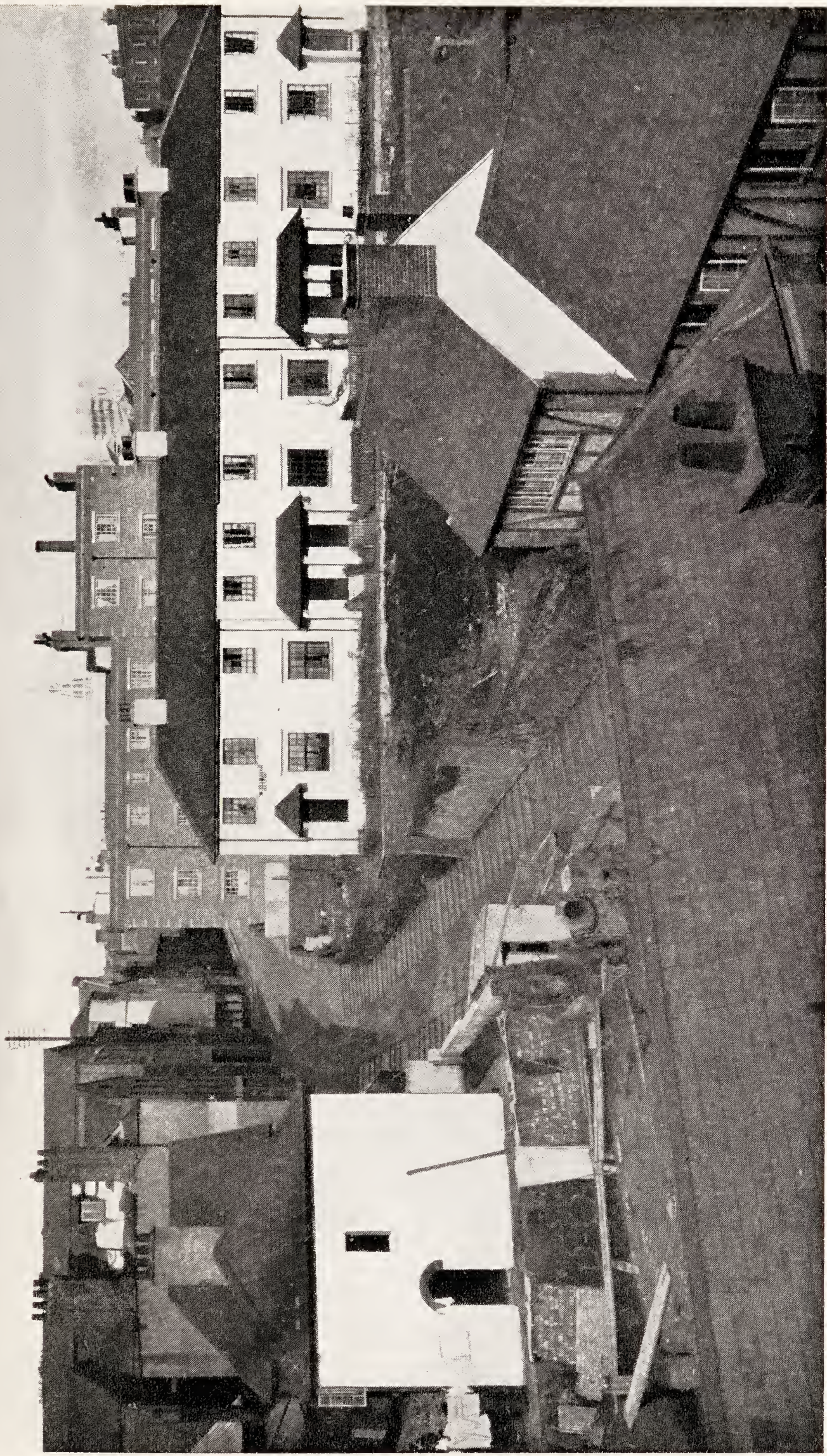


PLATE I.

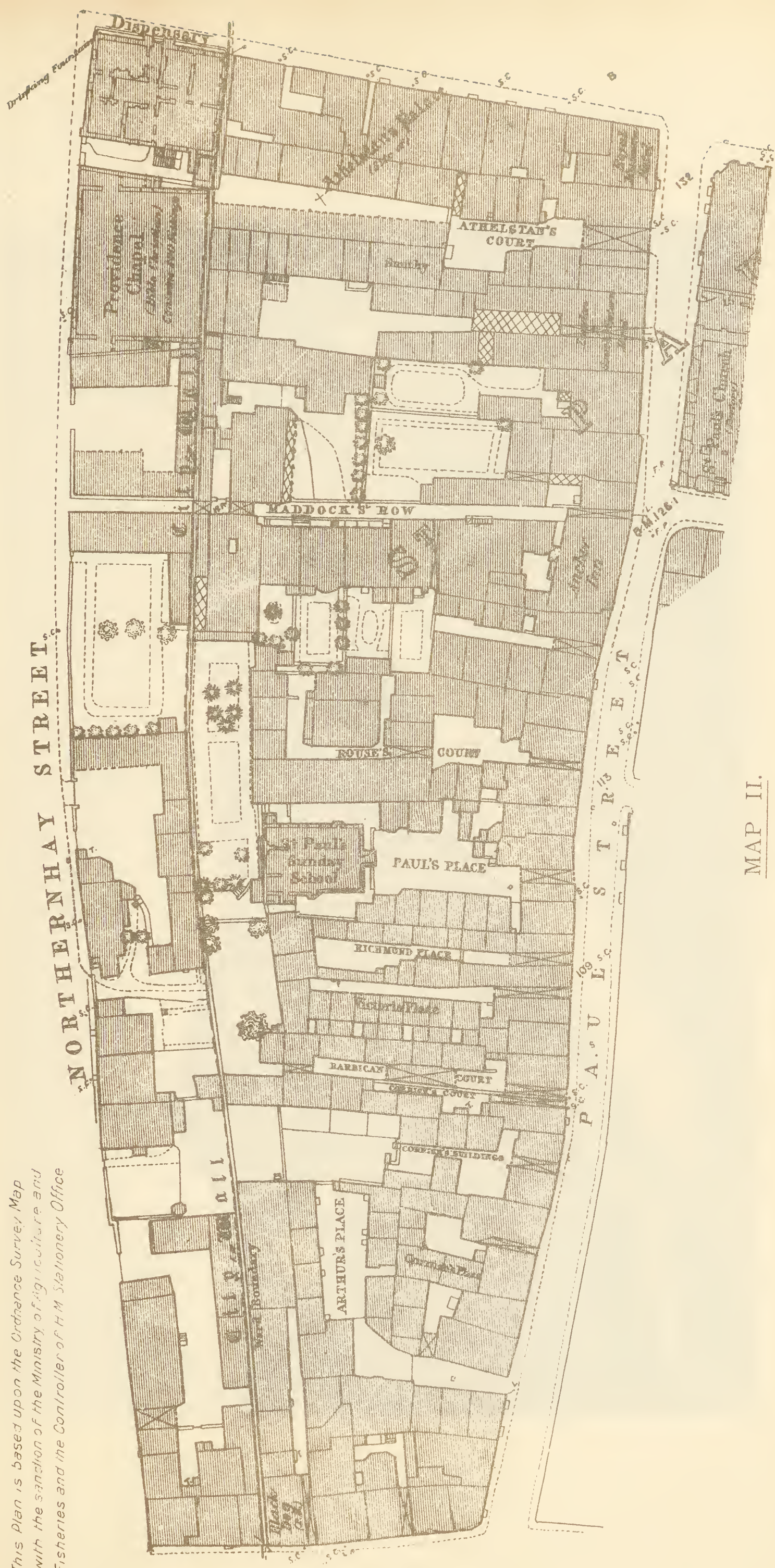
SHEWS REDEVELOPMENT IN SECTION A.

Beyond is a block of working-class flats built by the Exeter Workmen's Dwellings Co. The light-coloured terrace of cottages, the pair on left, and two in course of erection are by the Church Army Housing, Ltd. On right can be seen one of a row of cottages, fronting Stepcone Hill, erected by the City Council.

W
T
O
Z

This Plan is based upon the Ordnance Survey Map with the sanction of the Ministry of Agriculture and Fisheries and the Controller of H.M. Stationery Office

— RICHARD STREET S.E.



MAP II.

The Paul Street area before clearance.
Density 42 houses per acre.

James Townsend & Sons,
Lithographers
Printer.

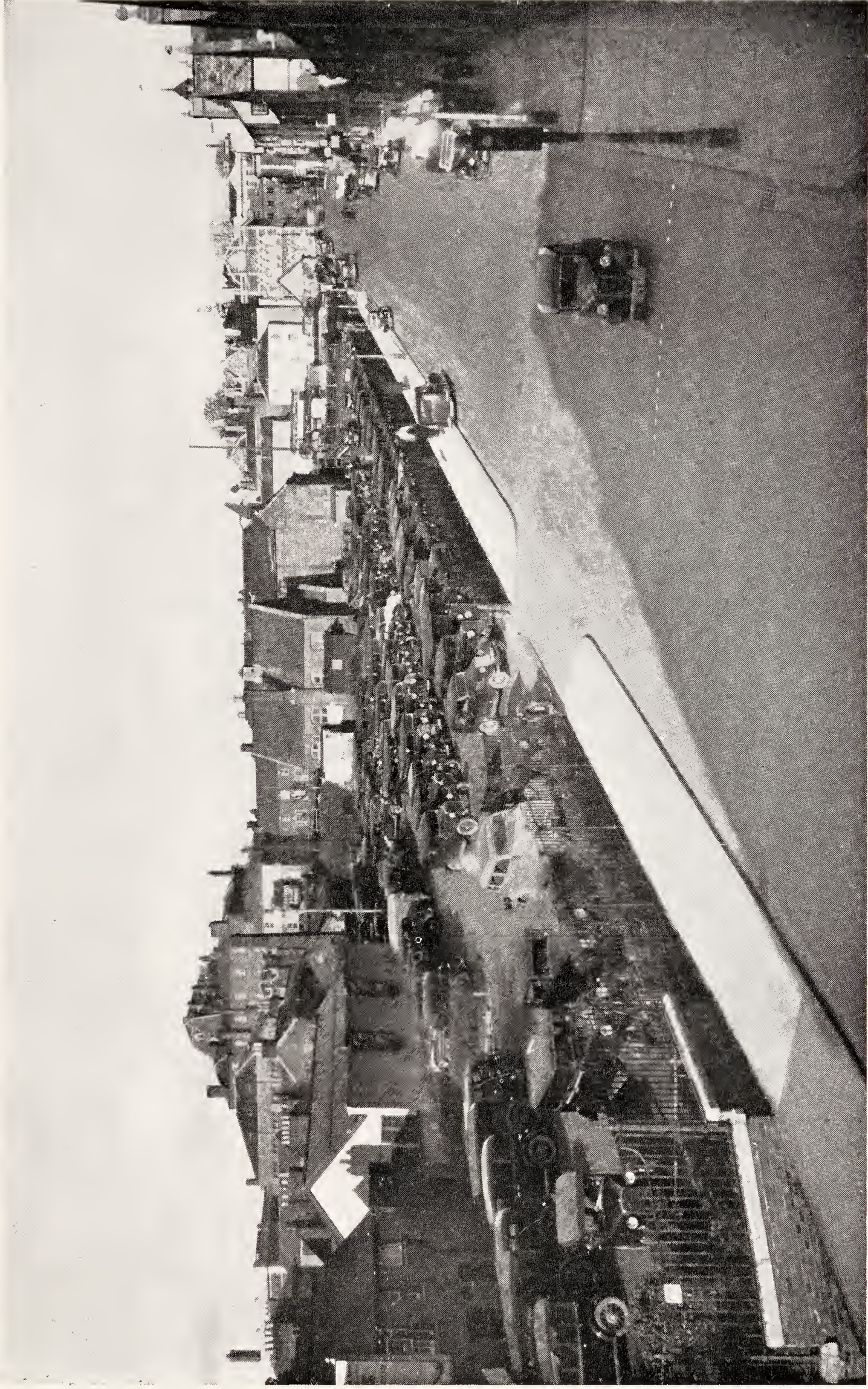
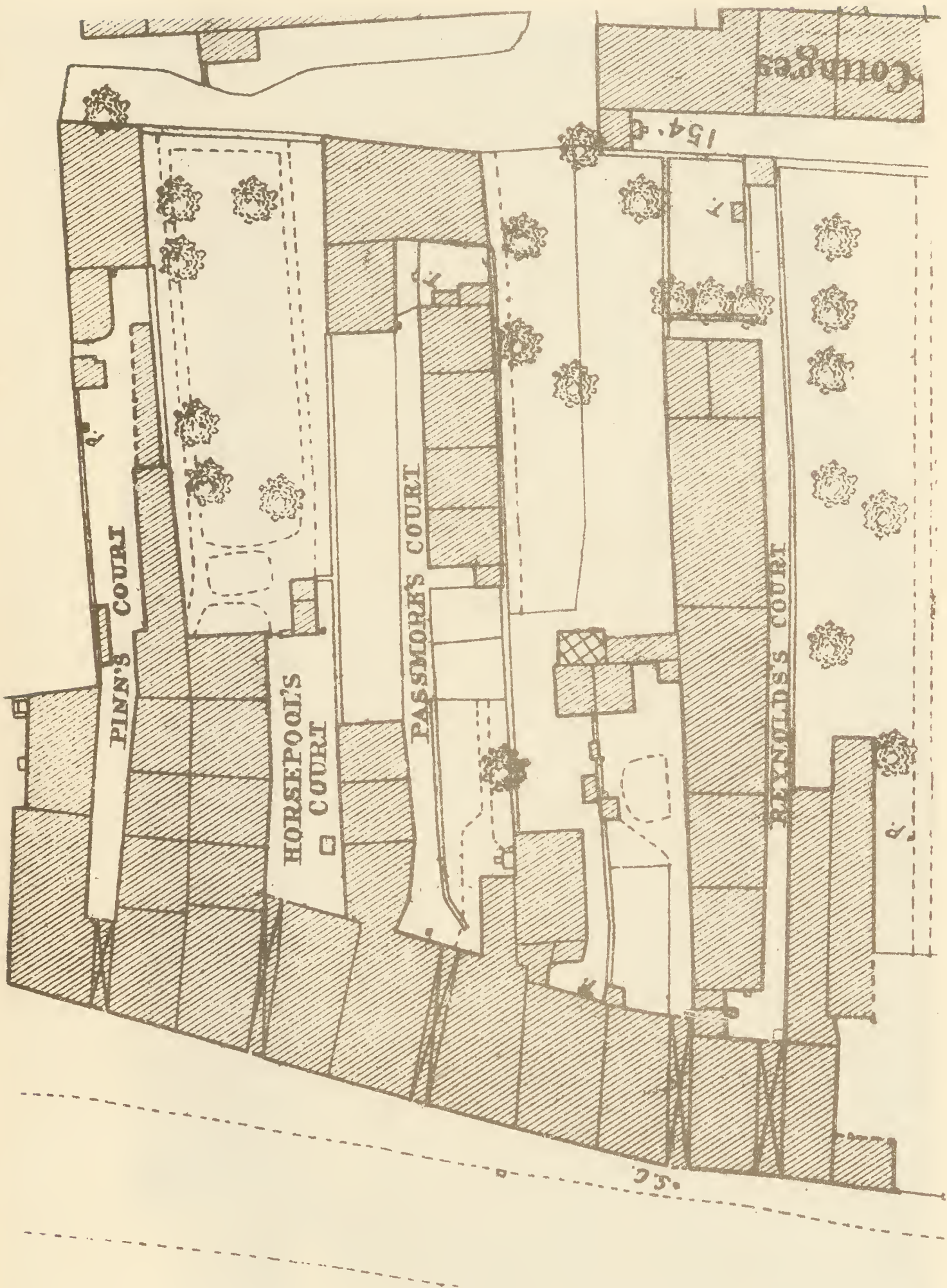


PLATE II.

Illustrating the lay-out and development with road widening of the Paul Street area after clearance.

NOTE

*This Plan is based upon the Ordnance Survey Map
with the sanction of the Ministry of Agriculture and
Fisheries and the Controller of H.M. Stationery Office*



James Townsend & Sons.
Lithographers,
Exeter.

MAP III.

A former slum area in Blackboy Road.

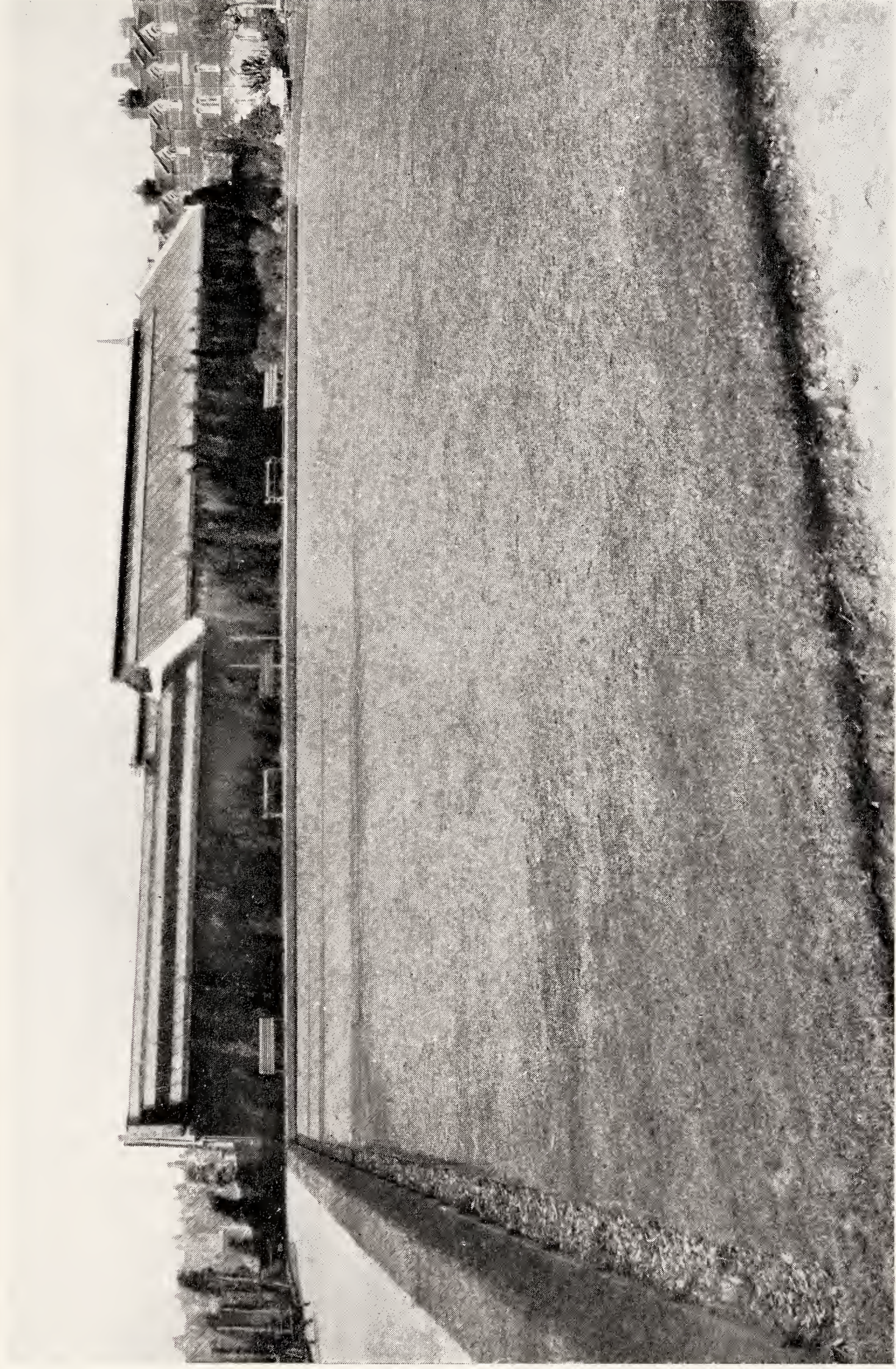


PLATE III.

Shewing area cleared and occupied partly by an omnibus station and remainder as a bowling green.

Although the need for slum clearance and the housing of the working-classes by Local Authorities was recognised as far back as 1890 (when the first Housing Act was passed), it is only during the last five years—40 years after—that a general campaign of slum clearance throughout the country has been undertaken in real earnest.

A number of Local Authorities (of which Exeter was one) made use of the earlier Acts in which financial assistance by government grants or subsidy was available under certain conditions, but the act of 1930 gave an impetus to slum clearance by awarding substantial help by means of a definite sum per head of persons re-housed from condemned houses—such allowance to run for 40 years. This allowance is made by the Government, to which is added a rate subsidy per house by the Local Authority, but the 1935 Act, which deals mainly with overcrowding gives a special subsidy in exceptional circumstances which normally will only apply (so far as Municipal Corporations are concerned) to the larger authorities or those in very poor areas. It thus enables Local Authorities to estimate accurately the ircommitments and press forward with the clearance of unhealthy areas and insanitary houses. Similar allowances are available to Public Utility Societies to build houses to re-house slum dwellers ^{moved} ~~where vacated~~ by demolition order.

To illustrate what has been accomplished in this City from early date—and which, notwithstanding adverse criticism and opposition by vested interests—reflects the greatest possible credit upon the City Council and the Public Utility Societies, a statement has been prepared which shows the progressive housing activities in Exeter since records are available, but it does not include the excellent housing work that has been done in the past by public benefactors whose names are perpetuated in many groups of delightful almshouses, which are administered and added to from time to time by the Municipal Charities and Trusts.

The three plans reproduced herewith are examples of congested areas that have been cleared, while the photographs show the development of three areas dealt with under the earlier Acts.

The 1930 Act made compulsory purchase optional, and allows Local Authorities to require the clearance of unhealthy

areas by the owners, leaving the sites to be developed by them, but if the owners do not develop the sites within 18 months from the date of their clearance, compulsory purchase of such sites by the Local Authority is still possible.

Exeter Slum Clearance Programme—adopted by the City Council in 1933—has proceeded accordingly, and it is expected that by the end of 1939 the worst areas will have been cleared; but in a city such as this, with so much old property, it is inevitable that further houses will be found to have so depreciated as to be below the usual standard of working class dwellings in the district, and beyond economic restoration.

Year.	HOUSES DEMOLISHED.			HOUSES ERECTED.					Total.	
	Under Clearance Areas.	Under Indi- vidual Orders	Total	(a) By City Council.		(b) By Exeter Workmen's Dwellings Company.		(c) By Church Army Housing, Ltd.		
				No.	Situation.	No.	Situation.			No.	Situation.
1895		21	21	—	—	—	—	—	—	—
1896		7	7	—	—	—	—	—	—	—
1897		9	9	—	—	—	—	—	—	—
1898		10	10	—	—	—	—	—	—	—
1899		34	34	—	—	—	—	—	—	—
1900		5	5	—	—	—	—	—	—	—
1901		5	5	—	—	—	—	—	—	—
1902		1	1	—	—	—	—	—	—	—
1903		3	3	—	—	—	—	—	—	—
1904		8	8	—	—	—	—	—	—	—
1905		4	4	—	—	—	—	—	—	—
1906		—	—	—	—	—	—	—	—	—
1907		—	—	—	—	—	—	—	—	—
1908		—	—	—	—	—	—	—	—	—
1909		—	—	—	—	—	—	—	—	—
1910		—	—	—	—	—	—	—	—	—
1911		2	2	—	—	—	—	—	—	—
1912	71 { Blackboy Rd.	4	75	—	—	—	—	—	—	—
1913	{ Bartholo-	7	7	—	—	—	—	—	—	—
1914	{ mew St.	18	18	—	—	—	—	—	—	—
1915		—	—	—	—	—	—	—	—	—
1916		—	—	—	—	—	—	—	—	—
1917		—	—	—	—	—	—	—	—	—
1918		—	—	—	—	—	—	—	—	—
1919		—	—	—	—	—	—	—	—	—
1920		4	4	—	—	—	—	—	—	—
1921	89 Paul St.	1	1	—	—	—	—	—	—	—
1922		2	91	—	—	—	—	—	—	—
1923		—	—	—	—	—	—	—	—	—
1924		4	4	—	—	—	—	—	—	—
1925		1	1	—	—	—	—	—	—	—
1926		5	5	—	—	—	—	—	—	—
1927		6	6	—	—	—	—	—	—	—
		13	13	—	—	—	—	—	—	—
1928	97 No. 4 Area, Sec. A.	32	129	32	Buddle Lane	26	Clayton Road	4	Rutherford Street	335
1929		8	8	242	Burnthouse Lane	95	Haven Road and Beacon Avenue	2	Stepcoote Hill King Street	62
1930		27	27	186	Burnthouse Lane	5	Chamberlain Road and Duckworth Road	6	Carlile Road	339
1931		31	31	—	—	16	Emmanuel Buildings	—	—	197
1932		15	15	307	Burnthouse Lane	80	Wonford Street and Wykes Road	6	St. Mary's Steps Terrace	16
1933	133 { No. 4 Area Lower Rack- close, Cricklepit Milford Cottis (N. Bridge Terrace, Chapples' Bls Mary Arches St. Friern- bay St., Exe Island Union Terr. Gatty's Court Cumberland Terrace Ida Cottis Ebenezer Cts. Prospect Pl. James St. Snythen St.	1	134	141	Burnthouse Lane and Preston St. flats	64	Foxbays	—	—	393
		8	99	79	St. Loye's	109	Foxhayes, Midway Close, Exwick Road and King's Dwellings	2	Preston Street	205
1934	91	—	—	—	—	—	—	—	—	190
1935	82	38	120	223	St. Loye's	—	—	—	—	223
		563	394	897	1853	—	—	—	—	423

The figures shown under (a) were supplied by the City Architect; those under (b) by Mr. J. P. G. Davey, Secretary, and those under (c) by Mr. J. P. G. Davey, Asst. Hon. Secretary. Mention should also be made of the good work carried out many years ago by City of Exeter Improved Industrial Dwellings Company, Ltd., shown on the following table :—

	Built in	Situation
(a)		
(b)		
(c)		

	Situation.	No of houses and tenements.
Follett Buildings (tenements of varying size)		24
Two Blocks of Dwellings in Blackboy Road		16
Cotton Buildings (tenements of varying size)		20
Old Buildings in Mermaid Yard converted (tenements)		6
Mermaid Cottages		11

HOUSING.

*(a) Statistics.*1. *Inspection of Dwellinghouses during the year :—*

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	.....	.....	.....	.....	.....	1275
(b)	Number of inspections made for the purpose						1433
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	.....	.....	.....	.....	.....	252
(b)	Number of inspections made for the purpose						410
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	.....	.....	.....	.....	.....	158
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	.....	.....	.....	.....	.....	1117

2. *Remedy of Defects during the year without Service of Formal Notices :—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	1102
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3. *Action under Statutory Powers during the year :—*(a) *Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :—*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
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(2) *Number of dwelling-houses which were rendered fit after service of formal notices :—*

(a)	By owners	.....	.....	.....	—
(b)	By local authority in default of owners				—

(b) Proceedings under Public Health Acts :—			
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied		15
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—		
(a)	By owners		22
(b)	By local authority in default of owners		—
(c) Proceedings under sections 19 and 21 of the Housing Act, 1930 :—			
(1)	Number of dwelling-houses in respect of which Demolition Orders were made		21
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders		38
(d) Proceedings under section 20 of the Housing Act, 1930 :			
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made		2
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit		—

SLUM CLEARANCE.

That portion of the Slum Clearance Programme to receive attention in 1935 was put in hand, eight areas being represented for clearance. They were :—

Prospect Place, Rack Street	29
Union Terrace, Cheeke Street	10
James Street	12
Gatty's Court, Sidwell Street	12
Cumberland Terrace, Paris Street	10
Ida Cottages, Paris Street	4
Ebenezer Cottages, Paris Street	3
Smythen Street	2
	—
	82
	==

A Public Inquiry was held in October, and later intimation was received from the Minister of Health that he had decided to make Orders, without exception, in respect of all the areas.

The number of families in these areas was 99

Total number of occupants 315

The building of new houses to accommodate these families was commenced, and it is expected that re-housing will be affected within the first half of the year 1936.

In addition to the number of houses condemned in the Clearance Areas, Demolition Orders were made in respect of 21 individual houses, bringing the total number of unfit houses for demolition to 103.

HOUSING ACT, 1935.

OVERCROWDING SURVEY.

This Act required all Local Authorities to make a survey of their areas in order that complete information may be obtained of cases of overcrowding, such investigations to be completed by the 1st April, 1936.

Preliminary investigation was commenced with the assistance of ten enumerators, who visited all the houses suitable for the working classes in the area. These preliminary investigations were made between 20th November and 24th December, and disclosed the following interesting figures :—

No. of houses found to be overcrowded :—

(a) In all working class houses 202

(b) In houses built by the City Council and
Public Utility Societies for re-housing
people from unhealthy areas (included in
(a) above) 80

(c) No. of void houses suitable for the working-
classes in the City at that time 159

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The percentage of adulterated samples—16.6—is much higher than that of the previous year, when it was 3.4. The articles dealt with are set out in the table “FOOD ADULTERATION ACT.”

At the end of 1935 there were on the register :—

Cowkeepers	.....	.....	.....	.....	26
Wholesale purveyors of milk			.....	.....	184
Retail purveyors of milk	.....		.....	.....	180

The cowkeepers' premises were visited quarterly by the Veterinary Inspector, and at other and irregular times by the Sanitary Inspector of the district, and, with few exceptions, the premises were found to be maintained in a reasonable state of cleanliness. Such contraventions of the Milk and Dairies Order as were discovered were promptly dealt with by informal notices, which were complied with.

Under the Tuberculosis (Cattle) Order, 1925, two cows showing definite clinical signs of tuberculosis were dealt with, and both were certified, upon post-mortem examination, to be affected with advanced tuberculosis.

Of the fourteen samples of milk that were sent to the bacteriologist for examination for the presence of tubercle, one—No. 3—was infected. The sample came from a herd of cows in the County area, and so was referred to the County Medical Officer of Health, who later reported that a veterinary examination had been made of the cows at the farm, and that one had been discovered with distinct signs of tuberculosis of the udder, and had been destroyed.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The number of samples of Certified Milk obtained under the above Order was 37, particulars of which are here set out :—

<i>Date.</i>	<i>Count in 1 c.c.</i>	<i>Presence of B. Coli.</i>
6-3-35	140	Not found.
„	5	„
„	7,200	„
4-4-35	50	„
„	10	„
„	3,050	„
15-5-35	3,840	„
„	10,880	„
„	60	„
13-6-35	70	„
„	7,600	„
„	41,600	„
4-7-35	160	„
„	40	„
„	70	„
17-7-35	17	„
„	248	„
„	440	„
8-8-35	40	„
„	65,500	Present in 1/10 c.c.
„	370	Not Found.
14-8-35	1,300	„
„	4,600	„
„	1,500	„
19-9-35	7,800	„
„	200	„
„	2,500	„
26-9-35	460	„
„	70	„
„	30	„
17-10-35	1,800	„
„	1,100	„
„	8,200	„
21-11-35	800	„
„	5,000	„
„	60	„
„	4,200	„

Of all the above samples, only two exceed the maximum bacterial count for “Certified,” and only one shows a contravention in that the presumptive coli test was positive. On the whole, this collection of results must be regarded as very satisfactory.

Grade " A " (Tuberculin Tested) Milk.

No samples were examined, none being on sale in the City during the year.

Of Grade " A " Milk—

<i>Date.</i>	<i>Total Colonies per c.c.</i>	<i>B. Coli.</i>
6-3-35	220	Not Found.
4-4-35	2,400	"
15-5-35	7,400	"
13-6-35	3,900	"
17-7-35	4,400	"
"	13,400	
		present in 1/10.
19-9-35	10,000,000	present in 1/100 c.c.
"	7,100	Not Found
17-10-35	6,200	"
"	5,700	present in 1/10 c.c.
21-11-35	2,700	Not Found.

Of the above 11 samples, 3 were unsatisfactory in that the presumptive coli test was positive in these cases, one giving also a very high bacterial count. The explanation of the producer in respect of this very bad sample was that a new milker had been engaged whose knowledge of the work was limited.

Pasteurised Milk.

<i>Date.</i>	<i>Total Colonies per c.c.</i>	<i>B. Coli.</i>
6-3-35	920	Not found.
"	2,400	"
4-4-35	200	"
"	1,300	"
15-5-35	700	"
"	1,150	
		present in 1/10 c.c.
13-6-35	620	Not Found.
"	210	"
17-7-35	440	"
"	2,900	"
19-9-35	3,900	present in 1 c.c.
"	2,400	Not found.
17-10-35	3,800	"
"	4,700	"
21-11-35	1,140	"
"	66,000	"

All of the above samples complied with the requirements of the Milk (Special Designations) Order, 1923.

The number of licensed Pasteurising Plants in the City remains at 2.

ICE CREAM.

Power to register persons and premises in connection with the sale of ice cream is given by the Corporation Act of 1928. At the end of 1935 the number of persons on the register who dealt in ice cream was 133 as against 137 for 1934, and premises 138.

Business in this commodity was most active during the hot summer months, and at this period many inspections were made of the premises where this article of food is manufactured and sold. Handcarts and other distributing vehicles were also examined.

The results shown in the table below of samples of Ice Cream taken for bacteriological examination, if compared with the standard required for Grade "A" Milk, appear to be very unsatisfactory, but in the absence of a purity standard for Ice Cream, action other than constant inspection of premises and vigilance in the detection of actual unsoundness, is all that can be done in the matter.

Special enquiries were instituted into those cases where the count exceeded 200,000, and in one instance it was found that raw milk was being used, and in another it was ascertained that stale milk had been employed. Appropriate advice was given where it was found to be necessary.

No. of sample.	Bacterial count per c.c.	B. Coli.	Grade "A" Milk.
1	77,800	Present in 1/1000	
2	15,200	1 c.c.	
3	42,600	1/100	
4	3300,000	1/1000	
5	1056,000	1/10000	
6	602,000	1/10000	
7	29,600	1/1000	
8	14,000	1/100	
9	129,000	1/10000	
10	9000,000	1/100	200,000
11	204,000	1/10000	colonies per
12	14,200	1/100	c.c. and B.
13	11,800	1/1000	coli absent
14	1176,000	1/10000	from 1/100th
15	184,000	1 c.c.	c.c.
16	4480,000	1/10000	
17	2,400	1 c.c.	
18	138,000	1/100	
19	236,000	1 c.c.	
20	3	Absent in 1 c.c.	

PUBLIC ABATTOIR AND MEAT INSPECTION.

The number of animals slaughtered at the Public Abattoir during the year was 31,388 as against 27,850 for the previous year, the total amount of fees earned as tolls being £1,355 7s. 4d.

At times congestion was acute, but all of the slaughtering was carried out without mishap. It is pleasing to have to record the fact that the City Council has decided upon a new site upon which up-to-date Abattoirs are to be erected.

There are ten private slaughterhouses within the City—8 registered and 2 licensed. These premises are regularly visited on killing days, in order that as much meat inspection work as is possible can be carried out.

The surrenders of diseased meat were :—

At the Abattoirs	1247
At private slaughterhouses, shops, etc.	155
Magisterial orders obtained	1

The number of animals dealt with that were found to be diseased are shown in the following tables, together with details of the diseases conditions found :—

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR AND THE FEES EARNED DURING THE FINANCIAL YEAR, 1-4-35 to 31-3-36.

ANIMALS.	Number slaughtered.	Fees earned for slaughter.	Lairaeg No. of Days.	Fees earned for lairage.	Storage. No. of days.	Fees earned for storage.	Total fees earned.
Cattle	5051	£ 505 2 0	5530	£ 92 3 4	101	£ 1 5 3	£ 598 10 7
Calves	3157	105 4 8	27	4 6	48	8 0	105 17 2
Sheep	15427	257 2 4	283	1 3 7	—	—	258 5 11
Pigs at 1/-	7692	384 12 0	63	10 6	10	10	385 3 4
„ at 2/6	60	7 10 0	—	—	—	—	7 10 0
Goats	1	4	—	—	—	—	4
Total	31388	1259 11 4	5903	94 1 11	159	1 14 1	1355 7 4

Amount received from the sale of Cartridges, £45 13s. 7d.

TABLE OF CHARGES.

Slaughtering tolls, including lairage for two days.	Lairage tolls per day, after expiration of second day.	Storage tolls per day, after expiration of second day.
For every Bull, Bullock, Cow or Heifer	4d.	3d.
For every Calf	2d.	2d.
For every Pig	2d.	2d.
For every Sow or Boar over 14 score	2d.	2d.
For every Sheep or Lamb	1d.	1d.

CLASSIFICATION OF DISEASES.

1935.

WHOLE CARCASSES SEIZED OR SURRENDERED ON
ACCOUNT OF GENERALIZED TUBERCULOSIS.

Description.	Number of Animals.	WEIGHTS.											
		CARCASSES.				ORGANS & OFFAL.				TOTALS.			
		T	C	Q	Lbs	T	C	Q	Lbs	T	C	Q	Lbs
Bulls	1	—	6	0	8	—	1	2	26	—	7	3	6
Cows	14	3	4	1	16	1	1	3	16	4	6	1	4
Heifers	15	3	8	0	26	1	1	2	14	4	9	3	12
Steers.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Calves	4	—	3	1	4	—	—	3	11	—	4	0	15
Pigs	17	—	16	3	21	—	1	3	13	—	18	3	6
Totals	51	7	18	3	19	2	7	3	24	10	6	3	15

PARTS OF CARCASSES, OFFAL, ETC., SEIZED OR SURRENDERED ON ACCOUNT OF LOCALIZED TUBERCULOSIS

Description.	Number of Animals	WEIGHTS.											
		MEAT.				ORGANS & OFFAL.				TOTALS.			
		T	C	Q	Lbs	T	C	Q	Lbs.	T	C	Q	Lbs
*Bovies	160	—	12	1	6	3	7	0	12	3	19	1	18
Calves	—	—	—	—	—	—	—	—	—	—	—	—	—
†Pigs	118	—	13	2	18	—	14	1	17	1	8	0	7
Totals	278	1	4	3	24	4	1	2	1	5	7	1	25

*Includes 46 bullocks' heads.

†Includes 90 pigs heads.

WHOLE CARCASSES SEIZED OR SURRENDERED ON ACCOUNT OF DISEASES OR CONDITIONS OTHER THAN TUBERCULOSIS.

Description.	Number of whole carcasses seized or surrendered.	Disease or condition which rendered meat unfit for food.														Weight, including Offal, etc.										
		Congestion	Immature	Distomatosis	Decomposed	Damaged, etc.	Oedematous	Emaciated, wet, etc.	Fevered	Hydraemia	Inflammation	Moribund	Joint Ill	Pleurisy	Physicked	Red Water	Swine Erysipelas	Septicaemia	Swine Fever	Septic Pneumonia	Unborn	Uraemia	Tons.	Cwts.	Qrs.	Lbs.
Steers	3													1				2						17	1	22
Cows	1							1																6	2	24
Heifers	1															1								6	0	16
Calves	17		1		1		1			1	1	1		1							8	1		11	3	12
Goats	1				1																				2	6
Sheep	78	3		5	5	2		10	4	6	5	26		1				8		3			2	10	2	6
Lambs	16							1		1	3	5		1				3		1		1		6	0	1
Pigs	17							1	1		1	3		1		1		2	6			1		14	3	18
Total	134	3	1	5	7	2	1	12	6	7	10	35	1	3	2	1	1	16	6	4	8	3	5	14	1	21

WEIGHT OF MEAT AND OTHER FOODS SEIZED OR SURRENDERED.

	Tons.	Cwtx.	Qrs.	Lbs.
Whole carcasses including offals on account of Generalised Tuberculosis	10	6	3	15
Parts of carcasses and offals, etc., on account of Localised Tuberculosis	5	7	1	25
Whole carcasses including offals on account of diseases or conditions other than Tuberculosis	5	14	1	21
Parts of carcasses and offals, etc., on account of Local affections	4	15	2	1
Imported Meat	—	9	—	21
Other Foods	11	0	2	25
Total weight of Meat and other Foods seized or surrendered	37	14	0	24

PARTS OF CARCASSES, OFFAL, ETC., SEIZED OR SURRENDERED ON ACCOUNT OF MINOR DISEASES AND CONDITIONS (OTHER THAN TUBERCULOSIS) SUCH AS RHEUMATISM, DAMAGED, PLEURISY, PARASITES, ETC.

	Weight.											
	Meat.				Offal and Organs.				Total.			
	T	C	Q	L	T	C	Q	L	T	C	Q	L
Beef		8	1	1	2	4	3	10	2	13	0	11
Mutton & Lamb		2	2	26		14	3	2		17	2	0
Pork			3	25	1	2	2	24	1	3	2	21
Veal				14		1	0	11		1	0	25
Total		12	0	10	4	3	1	19	4	15	2	1

PARTICULARS OF IMPORTED MEAT SEIZED OR
SURRENDERED, INCLUDING ORGANS, OFFAL, ETC.

Description.	Weight.			
	Tons.	Cwts.	Qrs.	Lbs.
Beef		6	1	1
Mutton			2	2
Pork		2	1	18
Total		9	0	21

PARTICULARS OF OTHER FOODS SEIZED OR
SURRENDERED.

Particulars.	Weight.			
	Tons.	Cwts.	Qrs.	Lbs.
Tinned Meats			3	2
Fish	10	16		6
Cooked Meat				23
Rabbits				24
Poultry and Game			3	5
Bacon			2	18
Prawns (tinned)			1	4
Prunes		1		21
Tinned Fruits			2	6
Totals	11	0	2	25

MEAT AND OTHER FOOD SEIZED OR
SURRENDERED, SHOWING WEIGHT MONTHLY.

Month.					Weight.			
					Tons.	Cwts.	Qrs.	Lbs.
January	.....	.....	.....	.....	9	19	3	10
February	.....	.....	.....	.....	2	18	1	1
March	.....	.....	.....	.....	2	7	1	8
April	.....	.....	.....	.....	3	2	3	8
May	.....	.....	.....	.....	2	9	2	4
June	.....	.....	.....	.....	2	6	3	10
July	.....	.....	.....	.....	2	2	0	21
August	.....	.....	.....	.....	2	18	1	20
September	.....	.....	.....	.....	2	12	3	5
October	.....	.....	.....	.....	1	18	3	8
November	.....	.....	.....	.....	1	18	3	20
December	.....	.....	.....	.....	2	18	1	21
Total	.....	.....	.....	.....	37	14	0	24

LEGAL PROCEEDINGS.

PUBLIC HEALTH ACTS.

An elderly person living alone was prosecuted under the nuisance clauses of the Public Health Acts for not abating a nuisance arising from the foul condition of occupied rooms. An order was made for the abatement of the nuisance, on the understanding that the person went to the Public Institution for a limited period.

FOOD ADULTERATION ACT, 1928.

Action was also taken in respect of three samples of vinegar that were not of the nature, substance and quality demanded. A fine of 10/- was inflicted in one case, the others being dismissed.

BAKEHOUSES.

All the bakehouses in the City were regularly inspected, Two instances arose in which it was necessary to serve Formal Notice under the Sanitary Accommodation Order, and these were complied with.

FOOD ADULTERATION ACT, 1928.

Article.	Examined.		Adulterated.	
	Formal.	Informal	Formal	Informal
Arrowroot	—	6	—	—
Baking Powder	—	9	—	—
Butter	—	28	—	—
Chocolate Cake	—	5	—	—
Cream	2	—	—	—
Demarara Sugar	—	6	—	—
Dripping	—	7	—	—
Ginger Wine	—	5	—	—
Gregory Powder	—	6	—	—
Malt Vinegar	—	16	3	4
Mercury Ointment	—	7	—	—
New Milk	42	—	7	—
Potted Pastes	—	10	—	—
Pickles	—	9	—	—
Raisin Wine	1	3	1	1
Sausages	—	20	—	—
Scald Milk	2	—	—	—
Sponge Fingers	—	6	—	—
Vinegar	—	1	—	—
Total	47	144	11	5

THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925.

Every sample of food taken under the Food Adulteration Act was examined for the existence of preservatives, and in one case—that of a sample of Raisin Wine—benzoic acid was found, while the bottle bore a label that the wine contained no preservative. The matter was enquired into, when the manufacturers explained that by an inadvertance the wrong label had been used when the wine was bottled. As the amount of benzoic acid found was in accordance with the amount allowed by the Regulations, the matter was not taken further.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE.

The prevalence of streptococcal infections began to wain about the middle of the year and by the end of the year their incidence was negligible. On the other hand an outbreak of diphtheria which began in July, smouldered on through August and September, and in October looked like assuming epidemic proportions. It was, however, practically confined to the Northern Health Area of the City and, in fact, centred about two schools. On 15th July a child attending Newtown Girls' School was notified and there followed a dozen cases between that date and 14th August mainly among school children in the area, excluding six cases which were either wrongly diagnosed or not connected with the outbreak. Occurring as it did at a time when the schools were closing, some difficulty was experienced in control. Moreover, although there was one death, most of the cases were mild and several of the nasal variety. The detection and isolation of one of the latter who had suffered from a nasal discharge for at least three weeks, including a period of attendance at Newtown School, appeared to bring the outbreak to an end. At all events no cases came to light between 14th August and 16th September.

Meanwhile the schools had re-assembled and enquiries made at those within the area were satisfactory.

On 16th September and following days cases were notified in the area among children under school age. Unfortunately some of these had contacts attending one or other of the departments of St. Sidwells School whither the infection spread. Subsequent

information revealed the fact that the gap had been bridged by mild unsuspected and therefore unreported cases in the district affected. Indeed mildness became the characteristic feature of the outbreak, many of the later cases appearing to have a cold and slight sore throat. Nevertheless this is no excuse for the carelessness exhibited by some parents who failed to call or delayed calling in their doctor, even when a child had been sent home for that purpose.

Cases arose in all the departments of St. Sidwell's School, the girls' department being chiefly affected. Almost all the cases in the second phase of the outbreak were associated directly or indirectly with this school. Certain criticisms of the school sanitation were included in a special report to the Education Committee. The total number of cases notified in the City between 15th July and the end of the year was 64 of which 13 (including 1 death) were associated with the first phase of this outbreak and 36 (including 1 death) with the second phase.

Inoculation against diphtheria is practised in some institutions in the City including those for children under the control of the Local Authority. It has not been found practicable to offer free inoculation to the public and it is strongly felt that a little haphazard immunisation is useless. The outbreak was under control by mid November, only nine cases occurring between 15th November and 31st December.

Among the measures taken to secure control were :—

- (1) Visiting and checking all absentees.
- (2) Almost daily visits by the Health Visitor to the school.
- (3) Visits to the school by the School Medical Officer and the examination of a large number of children with discriminating use of swabbing.
- (4) Certain recommendations of a sanitary nature.

It is interesting to note that at the first of these visits by the School Medical Officer no less than three actual cases were detected : another case was brought to light in consequence of an anonymous letter and several more cases by home visits. Valuable as modern immunological methods are, they cannot altogether replace the more laborious methods of the past. To-day one hears less of the demand for school closure, an action which most medical officers regard as almost a confession of failure,

Except in special circumstances, school closure in an urban area does no good, may do harm by disseminating infection, and removes any hope of control.

The following table shows the incidence of diphtheria and of certain streptococcal diseases during recent years. The years 1932 and 1933 were years of low incidence, but in these years other infectious diseases, namely, influenza, measles, chickenpox and mumps, were troublesome.

<i>Cases notified.</i>		1932	1933	1934	1935
Scarlet Fever	.....	51	52	90	74
Erysipelas	.....	18	9	29	16
Diphtheria	.....	28	21	40	94

At the present time it is generally held that scarlet fever is a clinical condition rather than a definite disease. It occurs when susceptible persons are infected by one of a group of rash producing haemolytic streptococci. Apparently the protection resulting from an attack is specific for that particular streptococcus so that the patient remains liable to infection by other members of the group. This would account for the so-called relapses and the quite numerous second attacks recorded in the experience of any doctor who sees a good many fever cases. Moreover it is certain that a scarlet fever producing streptococcus, if one may use such a clumsy term, does not always produce clinical scarlet fever. Streptococci are among some of the most dangerous micro-organisms that the human body encounters, yet their pathological activities are some times curiously benign, presumably because of some degree of natural immunity.

It had been intended to reproduce a number of case histories illustrating these points but space forbids: moreover medical journals have recently contained various accounts of carefully investigated streptococcal outbreaks, and these articles are readily accessible to those interested. It is possible that the last word has not been said about the cause of scarlet fever. Certain observers, especially Japanese, claim that the real cause is a virus and that the streptococcus is a secondary invader.

These considerations make one sceptical about the Dick test and all that is claimed for artificial immunisation against scarlet fever,

The subject of immunity from the administrative point of view is interesting.

Immunology is no more an exact science than gardening, nevertheless the public always expects it to be presented in terms of elementary arithmetic. "If you inoculate my child against———disease, how soon will he be immune, how long will the immunity last and can you guarantee it?"

No one who has taken the trouble to study the subject can give a precise answer. Both natural and artificial immunity vary from one individual to another, and from month to month if not from day to day in the same individual. All that can be said is that certain diseases can be prevented in a majority of subjects by various procedures coming under the term immunisation. The classical example is, of course, vaccination against smallpox. So effective is it, that the vast majority of successfully vaccinated persons are immune to smallpox for several years after the operation, and even when immunity has begun to fade, the disease if acquired is likely to be modified. Immunity can be renewed by fresh vaccination and vaccination may even be effective after exposure to infection, if done quickly.

What inoculation does is to teach the body cells to prepare resistance to attack by a particular disease, just as we may teach a community to prepare against attack by a foreign enemy. No reasonable person would expect either to be one hundred per cent., successful. Circumstances may occur which alter the picture. The preparation may have been inadequate, the lesson may have been forgotten, or the attack may be overwhelming. Immunisation against smallpox, Pasteur's preventive treatment of rabies, and the attempts to prevent tuberculosis by B.C.G. vaccine are unique in that living but modified disease organisms are employed. Among instances where dead micro-organisms are employed, we have inoculation against enteric fever and sundry forms of vaccine therapy employed with varying success in certain diseases. Inoculation against typhoid and paratyphoid fevers was used with good effect during the war, and is still widely used by those who have to go on foreign service where these diseases happen to be common. Incidentally vaccines are obtainable to-day which are far more potent than those used twenty years ago. Apparently immunity does not develop until some weeks after inoculation, and it is comparatively shortlived, say one to two years at most. It can, however, be resuscitated by a single injection.

In the case of measles, the causal organisms of which has not been identified, another plan may be used. The serum or fluid part of the blood of convalescents if injected into susceptible persons gives temporary immunity. Failing convalescent serum, the whole blood of one or other parent may be used but is less efficient. At all events a weakly child may be tided over the danger period of a measles epidemic, and infection postponed until the child is older and stronger. Measles is a dangerous disease in infants and toddlers, there is a definite advantage in postponing attack even if it cannot be avoided altogether. Unfortunately there are technical and administrative difficulties in obtaining and storing convalescent serum. Only adults and older children can be expected to yield useful amounts of serum, supposing that they are willing to do so. The few that are admitted to our Isolation Hospital have invariably proved to be unsuitable subjects on other grounds. In practice inoculation against measles is almost confined to hospital work in the larger cities.

Yet another method is employed in attempts to immunise against scarlet fever and diphtheria. What is called passive immunity—immediate but temporary—may be induced with reasonable certainty by injecting a person who has been exposed to infection with a sufficient dose of the appropriate anti-toxic serum. Circumstances sometimes arise where this plan is useful, but besides being expensive it has various theoretical and practical disadvantages which every medical practitioner knows.

Immunity of a more permanent kind may be conferred by injecting minute doses, not of the causal organism alive or dead, but of the poisons (toxins) which the organism produces when cultivated artificially. During the past ten or fifteen years methods have been evolved for purifying and modifying these toxins so that in proper dosage they shall be good immunising agents (antigens) while giving rise to the minimum of unpleasant symptoms. This is especially necessary in the case of diphtheria toxin which is a highly potent substance. Alongside these immunological methods, there have been devised tests to ascertain whether a person is or is not *relatively* susceptible to diphtheria (the Schick Test) or scarlet fever (the Dick Test). The word “relatively” is emphasised because no one will understand the elements of immunology who fails to grasp the fact that the immune state to any particular disease is always relative, never absolute.

My own interest in these matters goes back to 1922, when I was one of the first few hundred people in this country to be Schick tested.

For reasons already stated, namely the astonishing vagaries of the haemolytic streptococci, I am doubtful if Dick testing and inoculation against scarlet fever has much value outside institutional administration: moreover, we are experiencing at present and have experienced for some years past a fairly mild variety of this disease. In the case of diphtheria the position is quite different. Diphtheria continues to take its toll particularly of young lives; whether it be the so-called "gravis" form that overwhelms with intense toxæmia, or the "mitis" or intermediate forms which are more insidious and therefore do damage sometimes before recognition.

Children under one year appear to inherit some degree of immunity from their parents: at any rate diphtheria among infants is rare. Most adults are relatively immune, but toddlers and children of school age are susceptible as a rule and it is among them that artificial immunisation is most valuable. Immunisation on a considerable scale in various parts of the country has shown that most children may be rendered insusceptible (that is safe) to any ordinary degree of infection, and that even if infected, the consequent disease is mild.

Hitherto this desirable state of affairs has been attained somewhat laboriously. It is usually assumed that children under 5 or 6 are susceptible in any case and they are therefore inoculated without preliminary test. In the case of older children a preliminary test (the Schick Test) is desirable. In the case of all children a final Schick test is desirable some weeks after the last immunising injection to find out if the child has or has not been rendered immune. If this test is omitted, in popular language you don't know where you are.

Unfortunately a good deal of inoculation against diphtheria is being carried out without any final test.

The older method required two or three, or possibly more injections. There has now been placed on the market a so-called "one-shot" method, *but there is no proof that this is as efficient as the other, and if final testing is omitted there is no proof that it has done any good at all.*

Dr. Guy Bousfield, in a recent pamphlet, sums the matter up as follows for the man in the street : “ Nearly every child who has received this treatment is completely protected against the dangers of diphtheria. A few cases of the disease may occur in the course of time among a large number of protected children. This is due to some loss of the protection, owing to a peculiarity of the child’s blood or body. Such attacks are rarely serious and, as far as is known, never fatal. Nevertheless your doctor should always be asked to examine the child if it has a sore throat. It must be remembered that diphtheria is not the only serious disease which may attack the throat.”

As already stated, the material for immunisation is offered free to institutions for children and young persons in the City. Not all have accepted.

So far as the general public is concerned, it is a matter of staff and cost. If the “ one-shot ” method is eventually proved to be efficient, it will make matters easier, not forgetting that this method is apt to produce sharp reactions in older children and adults. One last point : inoculation to be of any real public health value must be acceptable to a majority of the susceptible population and must be carried on indefinitely as fresh susceptibles grow up.

SMALLPOX.

No cases occurred in the City.

VACCINATION.

Vaccination Officer : Mr. E. S. Howells.

Public Vaccinator : Dr. S. J. P. Gray.

No primary vaccinations were carried out by the Medical Officer of Health or his staff under the Smallpox Regulations, 1917.

The latest statistics are for the year 1934, and are as follows :

Births registered	.....	.....	.....	.....	1154
Vaccinated	.....	.....	.....	.....	506
Insusceptible	.....	.....	.....	.....	3
Statutory Declarations received	.....	.....	.....	.....	567
Died unvaccinated	.....	.....	.....	.....	42
Postponed	.....	.....	.....	.....	5
Removed to other districts	.....	.....	.....	.....	20
Removed to places unknown	.....	.....	.....	.....	3
Unaccounted for	.....	.....	.....	.....	8

It will be noted that 42.9% of the infants were vaccinated which is 3.6% below that of the previous year.

The partially protected condition of the population cannot be considered satisfactory.

No cases of post vaccinal encephalitis.

SCARLET FEVER.

74 cases were notified against 90 the previous year, 57 being removed to hospital.

There were no deaths.

DIPHTHERIA.

94 cases were notified against 40 the previous year, 89 being removed to hospital.

There were 2 deaths.

ENTERIC FEVER.

Only two cases of typhoid fever were notified against 5 in 1934 and 7 in 1933. Neither was removed to the isolation hospital.

One proved fatal.

There were no cases of paratyphoid notified.

PUERPERAL FEVER.

3 cases were notified against 9 in 1934, 2 being treated at the Royal Devon and Exeter Hospital. One came from the administrative County of Devon.

No deaths.

PUERPERAL PYREXIA.

22 cases were notified against 14 in 1934. Of these 18 were treated at the Royal Devon and Exeter Hospital, 3 being County cases.

PNEUMONIA.

54 cases were notified against 61 in 1934 and there were 5 deaths against 12. Of these 10 cases were treated in the Royal Devon and Exeter Hospital.

ERYSIPELAS.

16 cases were notified against 29 the previous year, 5 being removed to hospital.

There were no deaths.

CEREBRO-SPINAL FEVER.

No cases were notified.

DYSENTERY.

No cases notified.

MALARIA.

1 case was notified, contracted abroad.

ENCEPHALITIS LETHARGICA.

1 case was notified.

ACUTE POLIO-ENCEPHALITIS AND POLIOMYELITIS.

7 cases were notified. These were distributed over the year as follows :—April, 1 ; May, 1 ; June, 1 ; July, 1 ; September, 1 ; November, 2.

The case recorded in May came from the County area. Of the other 6, 3 were admitted to the Orthopaedic Hospital and 1 had out-patient treatment under the Local Authority's Scheme. It is understood that the remaining 2 had orthopaedic advice privately.

There were no deaths.

DIARRHOEA.

2 infant deaths were certified as due to this cause. The public is warned by posters and announcements in *Better Health* of the necessity of keeping milk and other foods free from contamination by flies. In spite of a hot summer, this disease was not prevalent, and none but trivial cases were observed at the Infant Welfare Centres.

CANCER.

Table of deaths from Cancer for the past ten years.

Year	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Deaths	96	85	84	110	82	96	116	108	121	127

NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Cases Notified.												Cases ad- mitted to I. Hospital	Deaths.												Total
	Under 1	1	2	3	4	5	10	15	20	35	45	65 & over		Under 1	1	2	3	4	5	10	15	20	35	45	65 & over	
	Under 1	2	3	4	5	10	15	20	35	45	65			2	3	4	5	10	15	20	35	45	65			
Diphtheria (including Membranous Croup)			3	10	7	36	24	3	7	4			89				1	1						2		
Scarlet Fever		3	1	8	4	35	16	3	3	1			57													
Enteric Fever (including Paratyphoid)												2											1	1		
†Puerperal Fever												3											1			
†Puerperal Pyrexia															3	17	2				1			1		
Pneumonia		3	3	1		5	5	2	14	6	10	5											2	*5		
Erysipelas	1	1						1	1	2	7	3	5													
Encephalitis Lethargica							1																			
Malaria																										
Acute Poliomyelitis	1	1		1	1	3							2													

* Deaths from cases notified and not total number of deaths.

† Some of these cases were admitted to the Local General Hospital from the County Area for diagnosis and notified by the Hospital authorities.

TUBERCULOSIS.

The organisation of the Tuberculosis Department was described in the Report for 1933. In the next Report such matters as milk, bovine and human sources of infection, and the examination of contacts were discussed.

The early and correct diagnosis, treatment, prevention and aftercare of cases of tuberculosis is one of the most important branches of public health. In spite of much effort and the accumulation of a great deal of knowledge, tuberculosis is still one of the five principal causes of death and is still responsible for much sickness and consequent financial loss. Nevertheless since accurate records were first kept in about the year 1850, the mortality from and incidence of all forms of tuberculosis have shown a marked and progressive decline. Moreover, the acute and rapidly fatal forms of the disease are far less common.

No single factor can be claimed to be responsible for this. In the earlier part of the period and no doubt throughout to some extent, the general improvement in the environment of the people must have played a conspicuous part. In later years special endeavour and the more individualistic tendency of public medicine has also had its effect.

In the decade 1871-1880, 69,757 persons died of tuberculosis in England and Wales, giving a death rate per 1,000 of the population of 2.88. In the decade 1921-1930, the figures are 39,379 deaths and a rate of 1.01. Every year shows a progressive fall.

The man in the street momentarily impressed by the death of a friend or some sad case he has heard about, is apt to overlook these facts. He is also only too apt to jump to erroneous conclusions as to what is being done and what ought to be done. If there were not something pathetic about the list of cures for tuberculosis foisted at one time or another on a credulous public, it would be indeed a ludicrous recital of the gullibility of the human race.

To-day the study of two things is much to the front, housing and nutrition. Both are intimately related to the tuberculosis problem. It may reasonably be expected that the provision of better housing and more attention to nutrition will have a definitely favourable effect, and that progress already good will be even better,

During the year Dr. B. W. Anderson, Clinical Tuberculosis Officer, left to take up a more senior post. His place has been taken by Dr. A. Dick.

THE TUBERCULOSIS DISPENSARY is the centre of the scheme—the place where all arrangements are initiated for prevention, diagnosis, advice, institutional and other special forms of treatment. Supervision of recovered and chronic cases, the examination of contacts, and the continuous teaching of personal hygiene are among its other useful functions. The work of the dispensary is tabulated at the end of this section.

INSTITUTIONAL ACCOMMODATION remains the same as last year.

The tuberculosis wards at Exeter Isolation Hospital, Whipton, comprising 26 beds and 5 shelters for men and women suffering from all stages of pulmonary disease. Dr. Dick contributes the following note on the work at this hospital.

“ A noteworthy feature during the year has been the comparatively large number of cases suitable for, and treated by, intravenous injection of gold salts.

“ The following results must be considered highly satisfactory :—

“ 15 cases have completed at least one of the two courses in this treatment. Of these 14 had cough and sputum containing tubercle bacilli. At present 10 of the 14 have no cough or sputum, or their sputum is free from tubercle bacilli.

“ Of the 15 cases 13 have been re-X-rayed, at periods varying from 4 to 6 months after commencement of treatment with the following results :—

“ Marked radiological improvement in chest	9 cases
“ Some radiological improvement in chest	4 cases

“ Clinically the disease is :—

“ Quiescent	.....	.....	.....	10 cases
“ Much improved	.....	.....	.....	2 cases
“ Improved	.....	.....	.....	3 cases

“ In addition to the above cases, one patient refused to
“ continue treatment and left the sanatorium of her own
“ accord, and in another case gold treatment had to be dis-
“ continued because of unfavourable signs.

“ During the year, in accordance with recent modern
“ practice, gold salts have been given twice weekly—instead
“ of once—so that the time taken to complete treatment has
“ been reduced.

“ The average dose is 0.25 grammes.”

The Royal National Sanatorium, Bournemouth, by arrangement, up to a total of 12 cases—for men and women suffering from pulmonary disease and not requiring prolonged bed-rest.

Both the above institutions provide modern treatment including chemotherapy and collapse therapy under X-ray control.

Honeylands Children's Sanatorium—20 beds for boys and girls of school age suffering from tuberculosis or suspected tuberculosis other than orthopaedic conditions or adult type phthisis.

The Devonian Association for Cripples Aid, by arrangement treats all the tuberculosis orthopaedic conditions at all ages in the *Princess Elizabeth Hospital, Exeter*, and associated convalescent homes. A few adult cases of this class have also been treated at *Mount Gold Hospital* under the authority of the City of Plymouth.

The Royal Devon and Exeter Hospital, by arrangement, treats other forms of non-pulmonary tuberculosis, including out-patient and light treatment.

The institutional accommodation is sufficient for the needs of the City and it is exceptional to have anything but a short and temporary waiting list: nevertheless there is one addition which merits consideration. At the City Hospital (Public Assistance) there is no adequate and separate accommodation for the small number of poor persons who, happening to be phthisical, may need to be maintained there from time to time. Should these persons need treatment they are promptly admitted to the beds of one or other of the institutions already mentioned, but it must be clearly understood that, treatment completed, they cannot occupy these valuable beds indefinitely to the exclusion of others. Most of the cases in this class require maintenance, some nursing attention and

very little medical treatment. They are mainly elderly chronic cases with superadded bronchitis and suchlike disabilities. Their need is not met by the shelters provided some years ago, in fact shelter treatment would be harmful and unkind.

The following figures show at a glance the main facts of the Tuberculosis statistics for the City during 1936.

Total cases on Register, 1st January	.....	.....	487
Pulmonary	.....	.....	385
Non-Pulmonary	.....	.....	102
Total notifications received after deduction of 10 duplicates, but including 11 inward transfers	.....	.....	107
Pulmonary	.....	.....	79
Non-Pulmonary	.....	.....	28
Deaths during the year	.....	.....	49
Pulmonary	.....	.....	42
Non-Pulmonary	.....	.....	7
Outward Transfers	.....	.....	17
Pulmonary	.....	.....	15
Non-Pulmonary	.....	.....	2
Total cases on Register, 31st December	.....	.....	461
Pulmonary	.....	.....	354
Non-Pulmonary	.....	.....	107

Table I shows notifications and deaths during the year arranged according to ages.

Table I.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	—	—	—	1	—
1	1	—	1	1	—	—	—	—
5	1	3	4	3	—	—	—	—
10	2	2	4	1	—	1	—	—
15	2	5	1	2	1	—	1	1
20	4	6	1	3	1	1	—	1
25	11	9	2	1	5	5	1	—
35	5	8	1	1	3	4	1	—
45	10	3	1	—	5	1	1	—
55	2	3	—	—	3	6	—	—
65 and upwards	—	2	—	—	3	3	—	—
Totals	38	41	16	12	21	21	5	2
					49			

Included in the deaths are 6 of which no notification was received prior to the death certificate. In 3 cases the diagnosis was made very shortly before death ; and 1 case was an " Inward Transfer." One case was the result of post mortem examination, and in the remaining case the doctor thought it had been notified previously.

The following is the classification of new cases seen at the Dispensary during the year.

Table II.

PULMONARY.					NON-PULMONARY.				
T.B.—	T.B.+1	T.B.+2	T.B.+3	Total	Bones & Joints	Abdominal	Other Organs	Glands	Total
25	—	8	24	47	7	2	1	9	19

The number of cases referred to the Tuberculosis Dispensary either before or at the time of notification was 86, being 80.4 per cent. of total notifications.

Table III.

Gives an analysis of the principal statistics for the past 10 years.

		1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Notifications	Pulmonary	104	109	99	85	74	87	90	86	87	79
	N-Pul'ary	24	18	35	16	22	28	24	20	39	28
Deaths	Pulmonary	55	53	39	45	48	48	43	48	35	42
	N-Pul'ary	10	12	11	12	9	10	10	7	15	7
Deaths per 1,000 pop'tn	Pulmonary	.91	.87	.63	.73	.78	.74	.69	.71	.51	.61
	N-Pul'ary	.16	.19	.17	.19	.14	.15	.15	.10	.22	.10

Twenty years ago the death rate for tuberculosis (all forms) was 1.5. To-day it is .71. It must be remembered, however, that the City has expanded during that time and there have been changes in the age and sex distribution of the population.

INSTITUTIONAL TREATMENT.

Table IV.

Tuberculosis Wards, Whipton Hospital.

Remaining under treat- ment on 1st January 1935			Admitted during the yr.			Discharged during the year			Deaths during the Year.			Remaining under treat. ment 31st Dec., 1935.		
*M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
11	8	19	30	16	46	25	13	38	6	3	9	10	8	18

*Included in this figure is one ex-service man who has discharged during the year.

Table V.

Honeylands Children's Sanatorium, Whipton.

Remaining under treat- ment 1/1/35.			Admitted during the Year.			Discharged during the Year.												Remaining under treat- ment 31/12/35		
M	F	TOTAL	M	F	TOTAL	Males.						Females.						M	F	TOTAL
						Improved	Quiescent	Not Tuberculous	To R. D. & E. H.	Removed by Parents	To Whipton	Quiescent	Much Improved	To R. D. & E. H.	Not Tuberculous	Not Diagnosed	Total			
8	9	17	15	12	27	1	5	2	1	2	1	5	1	1	3	2	24	10	10	20

Table VI.

Royal National Sanatorium, Bournemouth.

Remaining on 1-1-35.			Admitted during the year.			Discharged during year.			Remaining on 31-12-35.		
M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
1	1	2	2	5	7	3	5	8	—	1	1

The total cost of the treatment of these patients was £250 7s. 10d.

Table VII.

Other Institutions.

Institution.	Condition for which treated.	Remaining under treatment on 1-1-35			Admitted during Year.			Discharged during Year.			Deaths during the year.			Remaining under treatment on 31-12-35.		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Princess Elizabeth Orthopaedic Hospital, Exeter	Spine	1		1	1		1	1		1				1		1
	Hip				*1	2	3	1	2	3						
	Ankle				1		1							1		1
	Multiple					2	2		2	2						
	Bone															
Mount Gold Ortho- paedic Hospital, Plymouth	Knee	1		1				1		1						
	Shoulder	1		1				1		1						
Royal Devon and Exeter Hospital, Exeter	Spine	1	1	2	1		1	1	1	2				1		1
	Shoulder					1	1		1	1						
	Abdominal					2	2		2	2						
	Neck Glands					1	1		1	1						
	Genito- urinary	1		1					1	1						
	Foot					1	1		1	1						
Total		5	1	6	6	7	13	8	8	16			8	3		3

*Mistaken Diagnosis.

The total cost of the treatment of these patients was £701 19s. 0d. Princess Elizabeth Orthopaedic Hospital, £518 11s. 5d., Mount Gold Orthopaedic Hospital £143 11s. 4d., Royal Devon and Exeter Hospital £39 16s. 3d.

TUBERCULOSIS DISPENSARY

The following particulars are given of cases under supervision at the Dispensary by the Clinical Tuberculosis Officer, Dr. A. Dick.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.			
	Adults.		Children		Adults.		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New cases examined during the year (excluding contacts:)												
(a) Definitely Tuberculous	26	25	2	2	6	3	7	3	32	28	9	5
(b) Doubtfully Tuberculous	—	—	—	—	—	—	—	—	4	3	6	2
(c) Non-tuberculous	—	—	—	—	—	—	—	—	5	24	18	12
B.—Contacts examined during the year :												
(a) Definitely Tuberculous	—	1	1	—	—	—	—	—	—	1	1	—
(b) Doubtfully Tuberculous	—	—	—	—	—	—	—	—	—	1	—	2
(c) Non-tuberculous	—	—	—	—	—	—	—	—	3	4	21	16
C.—Cases written off the Dispensary Register as :—												
(a) Recovered	16	7	3	3	1	2	—	2	17	9	3	5
(b) Non - tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous)	—	—	—	—	—	—	—	—	18	38	50	43
D.—Number of Persons on Dispensary Register on Dec. 31st. :												
(a) Definitely Tuberculous	113	80	19	23	14	13	26	16	127	93	45	39
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	5	5	8	7

TUBERCULOSIS DISPENSARY—*continued.*

1. Number of persons on Dispensary Register on January 1st, 1934	367	8. Number of visits by Tuberculosis Officers to Homes (including personal consultations)	160
		Various Institutions	470
2. Number of cases transferred from other areas and cases returned after discharged under Head 3 in previous years	16	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	544
3. Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of"	36	10. Number of— (a) Specimens of sputum, &c., examined	Dis- pen- sary 158 TOTAL 536
4. Cases written off during the year as dead (all causes)	32	(b) X - ray examinations made in connection with Dispensary work	218
5. Number of attendances at the Dispensary (including Contacts)	1695	11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b)	1
6. Number of Insured Persons under Domiciliary Treatment on 31st Dec.	7	12. Number of T. B. plus cases on Dispensary Register on the 31st December	107
7. Number of consultations with Medical Practitioners : (a) Personal	10		
(b) Other	146		

X-RAY EXAMINATIONS.

During the year, 218 X-ray examinations had been made (100 for screen only).

EXTRA NOURISHMENT

Extra nourishment has been granted to various patients and the total cost of same for the financial year 1935-36 was £32 0s. 5d.

VENEREAL DISEASES.

With the approval of the Ministry of Health, arrangements have been made between the Royal Devon and Exeter Hospital, the Devon County Council and the City Council of Exeter, for the treatment of these diseases at a special department of the Hospital.

The hours of attendance are as follows :—

MEN Mondays, 3 to 5 p.m., and Fridays, 6 to 8 p.m.

WOMEN Fridays, 3 to 5 p.m.

If in-patient treatment is necessary, special beds are available in the Hospital.

Unmarried female patients are admitted to St. Mary's Home, by arrangement with the authorities of the Home, for in-patient treatment by the Surgeon in charge of the Clinic.

The following figures relate to the City only. Number of cases dealt with during the year at, or in connection with, the out-patient clinic for the first time and found to be suffering from :

(a) Syphilis	.....	12
(b) Soft Chancre	.....	—
(c) Gonorrhoea	.....	50
(d) Conditions other than Venereal	.....	17
		—
		79
		==

Total attendances of cases during the year at out-patient clinic	1,964
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Aggregate number of "in-patient days" of treatment during the year	44
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Examination of pathological material :—

For detection of Spirochetes	4
For detection of Gonococci	122
For Wassermann Re-action	.....	270
Other examinations	.....	—

The City's share of the expenses for the year amounted to £610 8s, 5d,

The following figures apply to the entire department and are not given separately for the City and the County :—

Number of cases who ceased to attend the out-patient clinic—				
Before completing a course of treatment	.....			42
Number of cases transferred to other Treatment Centres after treatment or to care of private practitioners				
	.....	.....	.....	33
Number of patients discharged from out-patient Clinic after completion of treatment and observation				
	.....	.....	.....	82
Number of cases which ceased to attend after completion of treatment but before final tests of cure				
	.....	.....	.....	19
Number of cases who, on 31-12-34, were under treatment or observation				
	.....	.....	.....	100
				<hr/>
				276
				<hr/>

The total number of cases under treatment at the end of the year showed a decrease of 13.

Attendances are not limited to Clinic hours, but patients attend on other days and hours for interim treatment.

Notices are exhibited in all the Public Conveniences, setting out the facilities available and judging from the number of enquiries originating from these notices, they are undoubtedly doing a good and valuable work.

These arrangements are intimated to all doctors commencing practice in Exeter. Four medical practitioners were supplied with arseno-benzol compounds free, amounting to 43 doses in all.

The number of patients who failed to complete treatment, or else failed to attend until definite tests of cure have been made, varies from year to year. Careful education of young adults in these matters is the only way of reducing these figures. Other plans which have been suggested are only too likely to drive the disease underground and the patients into the hands of quacks.

INFANT LIFE PROTECTION.

On the 31st December, 1935, there were 112 foster children in the City, and the number of registered foster mothers was 84. The Health Visitors paid 521 visits to foster mothers during the year. The figures for the previous year were 102, 85 and 603 respectively. Necessary action was taken wherever conditions were found to be unsatisfactory, and everything possible was done to encourage foster mothers to attend the Child Welfare Centres regularly with their children when these were of appropriate age.

No legal proceedings were taken during the year.

MATERNITY AND CHILD WELFARE.

The organisation of this work and its co-ordination with the work of the Exeter and District Maternity and Nursing Association was fully described in the last report.

The primary objects of the Welfare Centres are supervision, advice and guidance for the mothers and children attending there. So far as treatment is concerned, the Centres should act as a sign-post either to the family doctor, hospital or whatever clinic or institution is suitable. Some treatment at the Centre for minor ailments is desirable, but it is important that welfare medical officers should use discretion and see that the original objects of child welfare work are kept in view. It is essential that both paid and voluntary workers should remember that the granting of milk and medical foods is primarily a medical and not an economic consideration. In other words the Centres are not intended to function as medical dispensaries nor as vicarious sources of relief. During the year a printed card was approved by the Committee for distribution giving full information regarding the Centres and the objects of the work, including the Ante-Natal Centre and Municipal Maternity Home. Every effort should be made to educate the parents in the preventive point of view, and every encouragement given to make a full and proper use of the Council's services. It will take time for all parents to realise that we are much more interested in healthy babies than sick ones, and that the first visit to the Welfare Centre should not be postponed until something is wrong.

The attendance of a large proportion of toddlers has always been a feature of the Exeter Centres and is encouraged. Supervision under the Child Welfare Scheme and the School Medical Scheme should be continuous, the passage from one to the other imperceptible.

Nursery schools and nursery classes are in the province of the Education Committee. Their usefulness clearly depends upon conditions in the area concerned and this is fully discussed in the Board of Education circular No. 1444. So far as Exeter is concerned it has been the custom to admit children to Infant Departments at the age of 4. Where the number of entrants is sufficient typical nursery classes are already established.

The nursery school is intended to take children from the age of 2 upwards and finds its chief sphere of usefulness in areas that are definitely industrial.

It is well to bear in mind the public health aspects of this matter. The danger of certain infectious diseases, particularly measles and whooping cough, among children under 5 years of age is well known. It is true that these infections may be ultimately unavoidable, but preventive medicine aims at postponing them until a later age when their effects are less disastrous. Writing of measles, Sir George Newman said in his 1933 report, "For many years I have pointed out the importance of this disease as a cause of death and have repeatedly pleaded for its more serious consideration by parents. Second only to whooping cough as a cause of death among the infectious diseases, the incidence of measles is not accurately known, but it is estimated that approximately 50,000 cases occur in the biennial London outbreaks." According to the Ministry of Health's report for 1934, the deaths in England and Wales in that year numbered 3,768 from measles and 2,049 from whooping cough. It may be accepted as a fact that the great majority of these occurred in the age period 0—5 years.

It will be seen, therefore, that nursery schools involve more responsibility than some social reformers realise. Social reforms should be built on the foundations laid by preventive medicine. The best place for young children is in the care of their mothers ; only when this fails is it necessary to consider the second best.

Under present administrative arrangements defects found in individual children under 5 years of age are remedied more effectually through Child Welfare Centres because work under

Child Welfare Schemes is, generally speaking, more elastic and comprehensive than under the School Medical Service. The early remedying of defects maintains the truly preventive outlook in public medicine.

Each Welfare Centre has an Honorary Secretary and staff of voluntary workers. I would like to take this opportunity of thanking them for their valuable work, and of thanking the Exeter & District Nursing Association for cordial co-operation.

The following table gives the organisation and days of meeting :—

Centre.	Day.	Medical Officer.	Health Visitor.	Secretary.
Ante- and Post-Natal Clinic	Mondays, 2.30	Dr. Bertha Hinde	Each in turn for three months.	
Central Child Welfare	Tuesday, 2.30	Dr. J. Smith	Miss B. M. Knuckey	Mrs. Pickard
Northern Child Welfare	Thursday, 2.30	Dr. H. Temkin	Miss D. Archer	Mrs. Smith
Eastern Child Welfare	Wednesday, 2.30	M.O.H.	Miss M. M. Foy	Mrs. Miller
Western Child Welfare	Fridays, 2.30	Dr. J. Smith	Miss D. Hickson	Mrs. Depree

The Central and Western Centres have an additional non-medical day each week.

CHILD WELFARE CENTRES.

During the year the average number on books and the average number of attendances at the Centres were as follows :—

Centre.	Average No. of Infants on Books	Average No. of Attendances of Children.	Average No. of Attendances of expectant Mothers.
Central District	185	80	5
Western District	205	72	1
Northern District	243	83	3
Eastern District	239	70	1

Expectant Mothers are now referred, so far as possible, to the Ante-Natal Clinic.

WORK OF ANTE-NATAL AND POST-NATAL CENTRE.

No. of sessions held	.....	48
No. of mothers on books at end of previous year	.....	16
No. of new names added.....	.....	151
Total No. of mothers attending	.....	167
Total attendances	.....	493
Of new cases :—		
Ante-Natal	.....	138
For diagnosis	.....	3
Post-Natal	.....	10
Referred by :—		
Doctors at Welfare Centres	.....	21
Health Visitors	.....	10
Midwives	.....	10
Private practitioners	.....	6
Miscellaneous (e.g., by office staff in cases already sanctioned by the Committee for the Mater- nity Home, by other mothers attending the Clinic).....		
	.....	104
Referred for treatment :—		
Dental treatment	.....	31
Royal Devon and Exeter Hospital for advice	.....	5
Eye Infirmary	.....	3
V.D. Clinic	.....	1
Birth Control Clinic (post-natal cases)	.....	1

In addition to the above 296 mothers attended the Ante-Natal Centre conducted by the Exeter and District Nursing Association making 1,209 attendances. It should be explained that 1,083 of the 1,209 ante-natal attendances were to see the Association's nurse-midwives, and that 126 were to see the Association's medical officers. This Association also made 1614 nursing visits on behalf of the Public Assistance Committee and 560 on behalf of the Public Health Committee.

BIRTHS.

1,084 notifications of live births were received during the year. 86.1 of the notifications were made by Midwives and 13.9 by medical practitioners or relatives.

In 295 instances the midwives summoned medical help, which indicates the thorough manner in which the midwives are doing their work, while 44 other notifications in connection with still births, artificial feeding, etc., were received from midwives.

The amount paid by the Local Authority to doctors under the Midwives Act was £270 17s. 6d. of which £139 6s. 3d. was received back from patients in part payment.

The conditions for which the Midwives summoned medical aid were as follows :—

Ruptured perineum	.....	.....	63
Prolonged labour	.....	.....	51
Abnormal presentation	.....	.....	13
Ante-partum haemorrhage	.....	.....	15
Post-partum haemorrhage	.....	.....	5
Premature labour	.....	.....	—
Adherent placenta	.....	.....	6
Stillbirth	.....	.....	4
Albuminuria	.....	.....	17
Miscarriage	.....	.....	5
Rise of temperature	.....	.....	17
Unsatisfactory condition of mother	.....	.....	60
Unsatisfactory condition of baby	.....	.....	39

STILL-BIRTHS.

The number of still-births registered during the year was 58 of which 18 came from the County. There was 1 inward transfer. Of the remaining 40 still-births, 29 were attended by doctors and 11 by midwives.

These may be classified as follows :—

	Macerated, <i>i.e.</i> , died at some time prior to birth.	Non- Macerated.
Difficult labour and abnormal presentations	1	15
Malformation of Infant	1	2
Toxaemia of pregnancy and albuminuria	—	1
Ante-Partum Haemorrhage	—	4
Ill health of, or accident to mother	4	1
No cause assigned	6	5
Totals	12	28

HOME VISITS UNDER THE NOTIFICATION OF BIRTHS. ACT.

During the year the Health Visitors paid 750 visits and 3,284 subsequent visits to children under the age of 12 months, and 3,462 visits to children between the ages of 12 months and five years.

PROVISION OF MILK AND FOODSTUFFS.

Fresh and dried milks are supplied by the Council in those cases where the condition of the infants show that extra nourishment is required and the parents are unable to provide it. It is supplied either at half-cost or free, according to circumstances. During the financial year 1935-36, the cost of milk supplied was £679 12s. 3d.. In respect of this sum £129 0s. 7d. was received from the mothers in part payment. Net cost £550 11s. 8d, being a decrease of £94 12s. 10d. over the previous year.

The scale approved by the City Council for the issue of milk is as follows :—

No. in Family.	Free of cost.	At half-cost price.
	Income not exceeding per head, less rent.	Income not exceeding per head, less rent.
1 or 2	8/-	9/-
3	7/-	8/-
4	6/-	7/-
5 or more	5/-	6/-

MATERNITY HOME AND SERVICES.

The arrangement made with the Public Assistance Committee for the use of the maternity accommodation at the City Hospital as a Temporary Municipal Maternity Home has continued to work satisfactorily. The number of cases admitted was 116 compared with 104 the previous year.

Complicated and difficult cases are admitted to the Royal Devon and Exeter Hospital, the admissions numbering 59 compared with 54 in 1934. It is agreed that the number of beds available for maternity and ante-natal patients in Exeter is insufficient. The provision of adequate accommodation is under consideration,

A certain amount of post-natal work is carried out at the weekly ante-natal clinic, most of the cases being referred by welfare medical officers. Undoubtedly too, a good deal of this work is carried out in private practice. Experience shows that many women do not realise the necessity for post-natal examination, even in the presence of symptoms. Although the maternal mortality rate in Exeter is low, there is an unascertainable amount of morbidity resulting from child birth. The provision of a properly equipped and staffed maternity hospital would make possible far more efficient ante-and post-natal services.

The maternity services in the City have been improved in two directions.

(1). A panel of consultants is now available to medical practitioners meeting with difficult maternity cases. The panel consists of three surgeons, a physician and a pathologist with suitable qualifications. It is left to the medical practitioners to call in whichever consultant or consultants are appropriate, nor is the prior consent of the Health Department necessary. The conditions governing the arrangement have been designed for speed and simplicity.

(2). In addition to other free bacteriological services for diagnosis, swabs may now be submitted for examination for streptococci.

The medical officer of Health has had authority for some years past to authorise free pathological assistance where this seems indicated.

The Council has approved in principle the provision of buildings on the Buddle Lane and Burnthouse Lane Estates which will be used, among other things, for the Weekly Welfare Centres of the Western and Eastern Districts respectively. The Western Centre has long suffered from the handicap of inadequate accommodation, and the distance from some parts of the Eastern District to the Bull Meadow Centre is considerable. Attendance at both Centres, especially the Eastern, is greatly diminished by bad weather.

The Exeter and District Nursing Association has extended its Ante-Natal services by establishing a branch (nurse only) in the Eastern District. The association has long had a branch in the Western District. Tribute was paid in the last report to the valuable work the Association does both in connection with maternity and general nursing.

BIRTH CONTROL.

A Birth Control Clinic is carried on by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's memorandum 153/MCW are referred by the Local Authority.

Since 1930 a total of 54 cases have been referred : of these, 7 failed to attend, 1 has left the City, 2 have died, 15 are known to have become pregnant, and 29 have remained satisfactory. It should be remembered that the avoidance of pregnancy for a time rather than altogether may meet the medical requirements.

DENTAL TREATMENT.

Arrangements have been made, with the approval of the Ministry and with the consent of the Education Committee, for dental treatment and supply of dentures for expectant and nursing mothers by the School Dentist.

Summary of the work done during the year 1935 :—

No. of patients seen	.....	.....	95
No. of visits paid by patients	.....	.....	396
No. of administrations of gas	.....	.....	58
No. of teeth extracted under gas	.....	.....	409
No. of teeth extracted otherwise	.....	.....	5
No. of dentures fitted	.....	.....	81
No. of teeth replaced	.....	.....	734
Other operations	.....	.....	18

Total cost of dental treatment for 1935-36 was £200 11s. 0d. of which £15 3s. 0d. was received back from patients.

ORTHOPAEDIC TREATMENT.

During the year 17 children from the Infant Welfare Centres received treatment for the following conditions :—

Congenital deformities.....	.....	.....	2
Injuries at birth	.....	.....	1
Rickets and sequelae	.....	.....	9
Poliomyelitis	.....	.....	4
Miscellaneous	.....	.....	1

and were dealt with as follows :—

5 recommended for in-patient treatment (3 have been admitted, 1 refused and 1 is awaiting admission), and 12 received out-patient treatment at the Clinic,

Of the two cases awaiting admission at the end of 1934, one is still waiting and in the other case the recommendation was cancelled and the case discharged as cured. Of the 3 cases admitted during 1935, 2 are still in hospital and one was discharged and recommended to attend the Clinic for observation, as also were the 2 shown as in Hospital at the end of 1934.

Of the 12 cases treated at the Clinic, together with the 29 cases on the books at the Clinic at the end of 1934, and 3 cases re-admitted to the Clinic, 4 were discharged as cured, 7 were transferred to the School Medical Department on reaching the age of five, 2 have left the District, 1 died from pneumonia and 2 have been removed from the register for non-attendance, leaving 28 cases on the register at the end of 1935.

Cost of in-patient treatment £202 19s. 0d. and of this sum 11 9s. 9d. was received back in part payment by patients.

Cost of out-patient treatment £77 13s. 5d, of which £14 18s. 10d. was contributed by parents.

OPHTHALMIA NEONATORUM.

Year.	Noti- fied	Cases		Vision unim- paired	Vision im- paired	Total Blind- ness	Re- moved from dis- trict	Deaths	Total
		Treated.							
		At Home	Hos- pital						
1926	12	—	12	12	—	—	—	—	12
1927	6	2	4	6	—	—	—	—	6
1928	13	5	8	13	—	—	—	—	13
1929	8	4	4	7	—	—	1	—	8
1930	4	1	3	4	—	—	—	—	4
1931	6	2	4	6	—	—	—	—	6
1932	11	8	3	11	—	—	—	—	11
1943	7	5	2	7	—	—	—	—	7
1934	6	2	4	5	—	—	—	1	6
1935	7	4	3	6	—	—	1	—	7

Under the Midwives' Rules a Midwife has to notify any discharge from the eye however slight. 16 notifications of discharge from the eye were received, 7 of which were subsequently notified by Medical Practitioners as cases of Ophthalmia Neonatorum. In the course of time the attention directed to this disease has led to a considerable reduction in the number of blind persons.

NURSING HOMES REGISTRATION ACT, 1927.

12 Homes are now registered under the Act and 2 Institutions.
Nursing and Maternity Homes.

St. Olave's Home. (17 beds).

St. Mary's Home. (6 beds).

Southcroft, Heavitree Road. (4 beds).

Belmont, Southernhay West. (16 beds).

1, Baring Crescent. (8 beds).

Mowbray, Fore Street, Heavitree. (12 beds).

St. David's, 31, St. David's Hill. (11 beds).

Ernsborough House, Colleton Crescent. (24 beds for incurable invalids).

Stork's Nest, Topsham. Road. (4 beds).

15, Blackall Road (5 beds).

St. Mary's, Blackall Road. (6 beds).

36, St. Leonard's Road. (7 beds).

Exempted.

Royal Devon and Exeter Hospital.

Eye Infirmary.

EXETER ISOLATION HOSPITAL.

The present accommodation consists of 68 beds and 10 cots for fevers and 31 beds for tuberculosis arranged as follows :—

Scarlet Fever 22 beds, 6 cots (2 side wards).

Diphtheria 14 beds, 4 cots (2 side wards).

Reserve Ward 34 beds (2 side wards).

Observation 8 beds in 8 separate wards.

Tuberculosis 14 beds (former enteric block).

Tuberculosis 12 beds " Red Cross Pavilion."

Tuberculosis Shelters—5 beds in 5 shelters.

The Hospital has a good administrative block, and it is recognised that in case of necessity the number of patient beds can be increased, without detriment to the efficient working

of the wards and the well-being of the patients. Up to the end of 1935 contracts for the admission of patients existed with the following local authorities and other public bodies :—

Borough Council—

Okehampton

Urban District Councils—

Ottery St. Mary

Crediton

Budleigh Salterton

Axminster

Dawlish

Sidmouth

Seaton

Teignmouth

Exmouth

Rural District Councils—

Newton Abbot

Axminster

Crediton

St. Thomas

Barnstaple

Honiton

Okehampton

South Molton

Town Councils—

Honiton

South Molton

Exeter Port Sanitary Authority.

Kelly College, Tavistock.

Secretary of State for War.

Prison Authorities, Princetown.

Revision of these arrangements is now under consideration.

Excluding tuberculosis cases, which are dealt with under a separate heading, at the beginning of the year 33 cases remained under treatment, 18 of whom were from the County. 293 cases were admitted during the year, 119 of these coming from the County and 174 from the City ; and at the end of the year 1935, 18 cases were under treatment, of whom 4 were from the County and 14 from the City.

The following table shows the number of cases treated at the Exeter Isolation Hospital during the past ten years :—

<i>Year.</i>		<i>County.</i>	<i>City.</i>	<i>Total</i>
1926	Treated at Isolation Hospital	..... 89	231	320
1927	„ „	..... 82	186	268
1928	„ „	..... 97	125	222
1929	„ „	..... 167	151	318
1930	„ „	..... 279	361	640
1931	„ „	..... 108	161	269
1932	„ „	..... 84	107	191
1933	„ „	..... 60	86	146
1934	„ „	..... 116	113	249
1935	„ „	..... 119	174	293
Average number of cases admitted for				
	the ten years	.....	.....	.....
		..... 120	169	291

The following was the mortality amongst the 293 cases :—

County	City.
5	3

This gives a case mortality of 2.7.

The average duration of each patient's stay in the Isolation Hospital was 34.4 days.

	Days.
Against in 1926	45
„ 1927	38
„ 1928	38
„ 1929	40
„ 1930	52
„ 1931	31
„ 1932	35
„ 1933	36
„ 1934	31
„ 1935	34

Average stay for the ten years, 38.

The average number of fever patients per day was 27.2.

During the financial year 1935-36, a total of £1683 1s. 0d. was received for the treatment of infectious disease, being £1446 10s. 3d. from outside authorities and £236 10s. 9d. from City patients.

Disease.	Remain- ing.	Ad- mitted.	Discharged.		Deaths.	Remain- ing.
			Diag- noses con- firmed.	Diag- noses not con- firmed.		
Scarlet Fever	25	128	131	16	—	6
Diphtheria	7	127	111	10	4	9
Typhoid Fever	—	3	3	—	—	—
Meningitis	—	2	—	1	1	—
Anterior Poliomyelitis	—	9	7	—	2	—
Erysipelas	1	11	11	1	—	—
Measles	—	4	3	—	—	1
Miscellaneous	—	9	7	—	—	2

EXPLANATORY NOTES—

Scarlet Fever. The cases admitted included 1 case complicated by diphtheria and 1 case complicated by chickenpox. The cases in which diagnosis was not confirmed included 3 cases of rubella, the remainder being tonsillitis.

Diphtheria. The cases admitted include 9 nasal cases. The cases in which diagnosis was not confirmed comprise 2 carriers, 7 tonsillitis and 1 case of glandular fever.

Meningitis. One fatal case of pneumococcal meningitis. At the post mortem septic polypi were found in the sphenoidal sinus. There was a history of asthma.

Poliomyelitis. Most of these cases came from the County area in the autumn—August, 1; September, 5; October, 2; November, 1. The two fatal cases occurred in September, one being an adult. The remainder were treated in conjunction with the Devonian Association for Cripples Aid.

Erysipelas. The case of diagnosis not confirmed was one of axillary abscess with lymphangitis of the arm.

Miscellaneous. 1 case of puerperal fever sent in as a suspected scarlet fever case from the County died. 1 abscess of lung, 1 marasmus sent in as whooping cough, 3 mumps, 2 tonsillitis; and 1 influenzal pneumonia.

Fatality rates—Scarlet Fever	.....	.....	Nil.
Diphtheria	.....	.....	3.0

SMALL POX HOSPITAL.

By agreement with the County Council, it has been arranged that any Smallpox cases arising shall be treated at the County Council's Smallpox Hospital at Upton Pyne.

MENTAL DEFECTIVES.

Educable defectives under the age of 16 are supervised by the Education Committee. All others are under the care of a Statutory Committee appointed by the City Council. The number placed on the Register since the passing of the Mental Deficiency Act, 1913, is 294. Of these 45 have died, 41 have left the City, 17 have been transferred to the Mental Hospital, and 1 certified under the Lunacy Acts, leaving 190 at present on the Register. These are placed as follows :—

In certified institutions	.....	.....	.....	85
In non-certified institutions	.....	.....	.....	4
Under statutory guardianship		.....	.....	6
Under supervision at home	.....	.....	.....	95

The total on the register shows an increase of 21 over the previous year.

A large number of those at home are in regular employment. There is a residue, however, for whom occupation is desirable. The provision of a training centre in Exeter is under consideration.

The ascertainment, certification and supervision of mental defectives involves the expenditure of a great deal of public time and money. There is room for simplification and improvement in the whole code of procedure.

The expenditure for the last financial year was £5047 6s. 7d, the bulk of which is for maintenance of patients in institutions, the amount being £4360 8s. 2d.

SUPERANNUATION.

During the year, 135 persons were medically examined under the Superannuation Scheme, 61 as to fitness for inclusion in the Scheme, and 74 as to fitness for returning to work after sickness or injury. In some cases several examinations of an individual were necessary before an opinion could be given.

